

LONG ISLAND COMMUNITY HEALTH ASSESSMENT SURVEY

Your opinion is important to us!

The purpose of this survey is to get your opinion about health issues that are important in your community. Together, the County Departments of Health and hospitals throughout Long Island will use the results of this survey and other information to help target health programs in your community. Please complete only one survey per adult 18 years or older. Your survey responses are anonymous. Thank you for your participation.

1. What are the biggest ongoing health concerns in THE COMMUNITY WHERE YOU LIVE? (Please check up to 3)

- Asthma/lung disease
- Cancer
- Child health & wellness
- Diabetes
- Drugs & alcohol abuse
- Environmental hazards
- Heart disease & stroke
- HIV/AIDS & sexually transmitted diseases (STDs)
- Mental health/depression/suicide
- Obesity/weight loss issues
- Safety
- Vaccine preventable diseases
- Women's health & wellness
- Other (please specify): _____

2. What are the biggest ongoing health concerns for YOURSELF? (Please check up to 3)

- Asthma/lung disease
- Cancer
- Child health & wellness
- Diabetes
- Drugs & alcohol abuse
- Environmental hazards
- Heart disease & stroke
- HIV/AIDS & sexually transmitted diseases (STDs)
- Mental health/depression/suicide
- Obesity/weight loss issues
- Safety
- Vaccine preventable diseases
- Women's health & wellness
- Other (please specify): _____

3. What prevents you and your family from getting medical treatment? (Please check up to 3)

- Cultural/religious beliefs
- Don't know how to find doctors
- Don't understand need to see a doctor
- Fear (e.g. not ready to face/discuss health problems; immigration status)
- Lack of availability of doctors
- Language barriers
- No insurance
- Transportation
- Unable to pay co-pays/deductibles
- There are no barriers
- Other (please specify) _____

4. Which of the following is MOST needed to improve the health of your community? (Please check up to 3)

- Clean air & water
- Drug & alcohol rehabilitation services
- Healthier food choices
- Job opportunities
- Safe worksites
- Mental health services
- Recreation facilities
- Safe childcare options
- Safe places to walk/play
- Smoking cessation programs
- Transportation
- Weight loss programs
- Other (please specify) _____

5. What health screenings or education/information services are needed in your community? (Please check up to 3)

- Blood pressure
- Cancer
- Cholesterol
- Dental screenings
- Diabetes
- Disease outbreak information
- Drug and alcohol
- Eating disorders
- Emergency preparedness
- Exercise/physical activity
- Heart disease
- HIV/AIDS & sexually transmitted diseases (STDs)
- Importance of routine well checkups
- Mental health/depression
- Nutrition
- Prenatal care
- Suicide prevention
- Vaccination/immunizations
- Other (please specify) _____

6. Where do you and your family get most of your health information? (Check all that apply)

- Doctor/health professional
- Family or friends
- Health department
- Hospital
- Internet
- Library
- Newspaper/magazines
- Radio
- Religious organization
- School/college
- Social media (Facebook, Twitter, etc.)
- Television
- Worksite
- Other (please specify) _____

For statistical purposes only, please complete the following:

I identify as:

- Woman
- Man
- Transgender
- Non-binary/non-conforming
- Prefer not to respond

What is your age?

- 18-24 years
- 25-34 years
- 35-44 years
- 45-54 years
- 55-64 years
- 65+ years

Zip code where you live _____

Town where you live _____

What race do you consider yourself?

- White
- Black or African American
- Asian
- Native Hawaiian and Other Pacific Islander
- American Indian and Alaska Native
- Two or more races
- Other (please specify) _____

Are you Hispanic or Latino?

- Not Hispanic or Latino
- Hispanic or Latino
- Unknown

**What language do you speak when you are at home?
(Check all that apply)**

- English
- Chinese
- Portuguese
- Korean
- Spanish
- Hindi
- Italian
- Haitian Creole
- Farsi
- French Creole
- Polish
- Other (please specify) _____

What is your annual household income from all sources?

- \$0-\$19,999
- \$20,000-\$34,999
- \$35,000-\$49,999
- \$50,000-\$74,999
- \$75,000-\$125,000
- Over \$125,000

What is your highest level of education?

- K-8 grade
- Some high school
- High school graduate
- Technical school
- Some college
- College graduate
- Graduate school
- Doctorate
- Other (please specify) _____

What is your current employment status?

- Employed for wages
- Student
- Military
- Self-employed
- Retired
- Out of work and looking for work
- Out of work, but not currently looking

Do you currently have health insurance?

- Yes
- No
- No, but I did in the past

What type of insurance do you have? (Check all that apply)

- Medicaid
- Medicare
- Private/commercial
- No insurance

Do you have reliable internet in your home?

- Yes
- No

If you have health concerns or difficulty accessing care, please call the Long Island Health Collaborative for available resources at 631-963-4167.

**Please return this completed survey to:
LIHC
Nassau-Suffolk Hospital Council
1383 Veterans Memorial Highway, Suite 26
Hauppauge, NY 11788**

**Or you may fax completed survey to
631-716-6920**

All non-profit hospitals on Long Island offer financial assistance for emergency and medically necessary care to individuals who are unable to pay for all or a portion of their care. To obtain information on financial assistance offered at each Long Island hospital, please visit the individual hospital's website.