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
- [ ] Heart disease & stroke
- [ ] Safety
- [ ] Cancer
- [ ] HIV/AIDS & Sexually Transmitted Diseases
- [ ] Vaccine preventable diseases
- [ ] Child health & wellness
- [ ] Transmitted Diseases (STDs)
- [ ] Women’s health & wellness
- [ ] Drugs & alcohol abuse
- [ ] Environmental hazards
- [ ] Mental health - Depression/suicide
- [ ] Obesity/weight loss issues
- [ ] Other (please specify) _________________________
2. What are the biggest ongoing health concerns for **YOURSELF**? (Please check up to 3)

- [ ] Asthma/lung disease
- [ ] Heart disease & stroke
- [ ] Safety
- [ ] Cancer
- [ ] HIV/AIDS & Sexually Transmitted Diseases
- [ ] Vaccine preventable diseases
- [ ] Child health & wellness
- [ ] Women’s health & wellness
- [ ] Diabetes
- [ ] Mental health -
- [ ] Drugs & alcohol abuse
- [ ] Environmental hazards
- [ ] Depression/suicide
- [ ] Obesity/weight loss issues
- [ ] Other (please specify) _________________________

3. What prevents people in your community from getting medical treatment? (Please check up to 3)

- [ ] Cultural/religious beliefs
- [ ] Lack of availability of doctors
- [ ] Unable to pay co-pays/deductibles
- [ ] Language barriers
- [ ] Transportation
- [ ] Don’t know how to find doctors
- [ ] No insurance
- [ ] There are no barriers
- [ ] Don’t understand need to see a doctor
- [ ] Fear (e.g. not ready to face/ discuss health problem)
- [ ] 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
- Safe places to walk/play
- Mental health services
- Recreation facilities
- Safe worksites
- Safe childcare options
- Smoking cessation programs
- Transportation
- Job opportunities
- 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
- Drug and alcohol
- Importance of routine well checkups
- Eating disorders
- Emergency preparedness
- Exercise/physical activity
- Heart disease
- HIV/AIDS & Sexually Transmitted Diseases (STDs)
- Mental health/depression
- Nutrition
- Prenatal care
- Suicide prevention
- Vaccination/immunizations
- Disease outbreak information
- Other (please specify) ______________________
6. Where do you and your family get most of your health information? (Check all that apply)

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

For statistical purposes only, please complete the following:

I identify as: [ ] Male [ ] Female [ ] Other

What is your age? ______________________

ZIP code where you live: ______________________

Town where you live: ______________________

What race do you consider yourself?

- [ ] White/Caucasian
- [ ] Native American
- [ ] Multi-racial
- [ ] Black/African American
- [ ] Asian/Pacific Islander
- [ ] Other (please specify): ______________________

Are you Hispanic or Latino? [ ] Yes [ ] No
What language do you speak when you are at home (select all that apply)

☐ English ☐ Portuguese ☐ Spanish ☐ Italian ☐ Haitian Creole ☐ French Creole
☐ Chinese ☐ Korean ☐ Hindi ☐ Farsi ☐ Polish ☐ Other

What is your annual household income from all sources?

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

What is your highest level of education?

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

What is your current employment status?

☐ Employed for wages ☐ Self-employed ☐ Out of work and looking for work
☐ Student ☐ Retired ☐ Out of work, but not currently looking
☐ Military
Do you currently have health insurance?  
☐ Yes  ☐ No  ☐ No, but I did in the past

Do you have a smart phone?  
☐ Yes  ☐ No

If you have health concerns or difficulty accessing care, please call the Long Island Health Collaborative for available resources at:  
631-257-6957

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 631-435-2343

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.