Community Health Needs Survey 2012

1. How would you describe your overall health?
   - Excellent
   - Very good
   - Good
   - Fair
   - Poor

2. Where do you go for routine healthcare?
   - Physician’s office
   - Health Department
   - Emergency room
   - Urgent care clinic
   - Clinic in a grocery or drug store
   - I do not receive routine healthcare
   - Other (please list) __________________________

3. Are you able to visit a doctor when needed?
   - Yes (Go to question 5 next)
   - No

4. If you answered No to question 3, please choose all that apply.
   - No appointment available
   - Cannot afford it
   - Cannot take time off from work
   - No transportation
   - No specialist in my community for my condition
   - Other (please list) __________________________

5. What type of healthcare coverage do you have?
   - Medicare
   - Medicaid/Passport
   - Commercial health insurance (Examples: Humana, Anthem Blue Cross)
   - No healthcare coverage
   - Other (please list) __________________________
6. Please select the top 3 health challenges you face.
   Cancer
   Diabetes
   Overweight/obesity
   Lung disease
   High blood pressure
   Stroke
   Heart disease
   Joint pain or back pain
   Mental health issues
   Alcohol overuse
   Drug addiction
   I do not have any health challenges
   Other (please list) __________________________

7. What additional health services need to be offered to meet health challenges in your community?

____________________________________________________________________________________
____________________________________________________________________________________

8. Please choose all statements below that apply to you.
   I exercise at least 3 times per week.
   I eat at least 5 servings of fruits and vegetables each day.
   I eat fast food more than once per week.
   I smoke cigarettes.
   I chew tobacco.
   I use illegal drugs.
   I abuse or overuse prescription drugs.
   I consume more than 4 alcoholic drinks (if female) or 5 (if male) per day.
   I use sunscreen or protective clothing for planned time in the sun.
   I receive a flu shot each year.
   I have access to a wellness program through my employer.
   None of the above apply to me.
9. Which of the following preventive procedures have you had in the past 12 months?
   - Mammogram (if woman)
   - Pap smear (if woman)
   - Prostate cancer screening (if man)
   - Flu shot
   - Colon/rectal exam
   - Blood pressure check
   - Blood sugar check
   - Skin cancer screening
   - Cholesterol screening
   - Vision screening
   - Hearing screening
   - Cardiovascular screening
   - Bone density test
   - Dental cleaning/x-rays
   - Physical exam
   - None of the above

10. What is your gender?
    - Female
    - Male

11. What is your county of residence?
    - Hardin
    - LaRue
    - Meade
    - Other (please list) _______________________

12. What is your 5 digit zip code (Example 42701) ____________

13. What is your age? _________________

14. What is your race?
    - African American/Black
    - Caucasian/White
    - Asian
    - American Indian/Alaska Native
    - Native Hawaiian/Pacific Islander
    - Other
15. What is your current employment status?
   Employed full-time
   Employed part-time
   Student
   Homemaker
   Unemployed
   Disabled
   Retired

16. What is your household income range?
   $0 - $24,999
   $25,000 - $49,999
   $50,000 - $74,999
   $75,000 - $99,999
   $100,000 or more
   Prefer not to answer

17. What is the highest level of education you have completed?
   Some high school
   High school graduate
   Some college
   College graduate

18. What can Hardin Memorial Health do to better meet the health needs of our community?

________________________________________________________________________________________
________________________________________________________________________________________

Thank you for participating!