Example Community Health Survey

Please take a minute to complete the survey below. The purpose of this survey is to get your opinions about community health problems in (name of jurisdiction). The (name of jurisdiction) Community Health Committee will use the results of this survey and other information to identify the most pressing problems which can be addressed through community action. If you have previously completed a survey, please ignore this. Remember… your opinion is important! Thank you and if you have any questions, please contact us (see contact information on back).

1. In the following list, what do you think are the three most important factors for a “Healthy Community?” (Those factors which most improve the quality of life in a community.)

Check only three:
___ Good place to raise children
___ Low crime / safe neighborhoods
___ Low level of child abuse
___ Good schools
___ Access to health care (e.g., family doctor)
___ Parks and recreation
___ Clean environment
___ Affordable housing
___ Arts and cultural events

2. In the following list, what do you think are the three most important “health problems” in our community? (Those problems which have the greatest impact on overall community health.)

Check only three:
___ Aging problems (e.g., arthritis, hearing/vision loss, etc.)
___ Cancers
___ Child abuse / neglect
___ Dental problems
___ Diabetes
___ Domestic Violence
___ Firearm-related injuries
___ Heart disease and stroke
___ High blood pressure
___ HIV / AIDS
___ Homicide
___ Infant Death
___ Infectious Diseases (e.g., hepatitis, TB, etc.)
___ Mental health problems
___ Motor vehicle crash injuries
___ Rape / sexual assault
___ Respiratory / lung disease
___ Sexually Transmitted Diseases (STDs)
___ Suicide
___ Teenage pregnancy
___ Other ___________________

3. In the following list, what do you think are the three most important “risky behaviors” in our community? (Those behaviors which have the greatest impact on overall community health.)

Check only three:
___ Alcohol abuse
___ Being overweight
___ Dropping out of school
___ Drug abuse
___ Lack of exercise
___ Poor eating habits
___ Not getting “shots” to prevent disease
___ Racism
___ Tobacco use
___ Not using birth control
___ Not using seat belts / child safety seats
___ Unsafe sex
___ Other ___________________
4. How would rate our community as a “Healthy Community?”

___ Very unhealthy  ___ Unhealthy  ___ Somewhat healthy  ___ Healthy  ___ Very healthy

5. How would rate your own personal health?

___ Very unhealthy  ___ Unhealthy  ___ Somewhat healthy  ___ Healthy  ___ Very healthy

6. Approximately how many hours per month do you volunteer your time to community service? (e.g., schools, voluntary organizations, churches, hospitals, etc.)

___ None  ___ 1 - 5 hours  ___ 6 - 10 hours  ___ Over 10 hours

Please answer questions #7-15 so we can see how different types of people feel about local health issues.

7. Zip code where you live: _____________

8. Age:  
___ 25 or less  ___ 26 - 39  
___ 40 - 54  ___ 55 - 64  
___ 65 or over

9. Sex:  ___ Male  ___ Female

10. Ethnic group you most identify with:

___ African American / Black  
___ Asian / Pacific Islander  
___ Hispanic / Latino  
___ Native American  
___ White / Caucasian  
___ Other ______________________

11. Marital Status:

___ Married / co-habitating  
___ Not married / Single

12. Education

___ Less than high school  
___ High school diploma or GED  
___ College degree or higher  
___ Other ______________________

13. Household income

___ Less than $20,000  
___ $20,000 to $29,999  
___ $30,000 to $49,999  
___ Over $50,000

14. How do you pay for your health care? (check all that apply)

___ Pay cash (no insurance)  
___ Health insurance (e.g., private insurance, Blue Shield, HMO)  
___ Medicaid  
___ Medicare  
___ Veterans’ Administration  
___ Indian Health Services  
___ Other ______________________

15. Where / how you got this survey: (check one)

___ Church  
___ Community Meeting  
___ Grocery Store / Shopping Mall  
___ Mail  
___ Newspaper  
___ Newsletter  
___ Personal Contact  
___ Workplace  
___ Other ______________________

Please return completed surveys to the address below by (date). If you would like more information about this community project, please contact us at the number below.

contact name  
organization name  
address  
phone / fax

Thank you very much for your response!