

2022 Community Health Needs Assessment Survey

The following question(s) ask about health issues in our community:

* 1. Please identify the three most important health issues in our community.

- ☐ Aging Issues, such as Alzheimer's disease, hearing loss, memory loss or arthritis
- ☐ Cancer
- ☐ Chronic Pain
- ☐ Diabetes
- ☐ Early Sexual Activity
- ☐ Heart Disease/Heart Attack
- ☐ HIV/AIDS
- ☐ Infectious/contagious disease, such as flue, pneumonia, food poisoning, COVID
- ☐ Injuries
- ☐ Lung Disease (asthma, COPD)
- ☐ Mental health issues such as depression, hopelessness, anger, etc.
- ☐ Obesity/overweight
- ☐ Sexually Transmitted Infections
- ☐ Stroke
- ☐ Other (please specify)

2022 Community Health Needs Assessment Survey

The following question(s) ask about unhealthy behavior in our community.

* 2. Please identify the three most important unhealthy behaviors in our community.

- ☐ Angry behavior/violence
- ☐ Alcohol Abuse
- ☐ Child abuse
- ☐ Domestic violence
- ☐ Drug abuse
- ☐ Elder abuse (physical, emotional, financial, sexual)
- ☐ Lack of exercise
- ☐ Not able to get a routine checkup
- ☐ Poor eating habits
- ☐ Reckless driving
- ☐ Risky sexual behavior
- ☐ Smoking
- ☐ Other (please specify)

2022 Community Health Needs Assessment Survey

The following question(s) ask about issues with your well-being in our community:

* 3. Please identify the three (3) most important factors that impact your well-being in our community:

- ☐ Angry behavior/violence
- ☐ Alcohol abuse
- ☐ Child abuse
- ☐ Domestic violence
- ☐ Drug abuse
- ☐ Elder abuse (physical, emotional, financial, sexual)
- ☐ Lack of exercise
- ☐ Not able to get a routine checkup
- ☐ Poor eating habits
- ☐ Reckless driving
- ☐ Risky sexual behavior
- ☐ Smoking
- ☐ Other (please specify)

2022 Community Health Needs Assessment Survey

The following question(s) ask about your own personal health and health choices.

Remember, this survey will NOT be linked to you in any way.

* 4. When you get sick, where do you go?

- ☐ Clinic/doctor's office
- ☐ Urgent care
- ☐ Emergency Department (ER)
- ☐ Health Department
- ☐ I don't seek medical attention.
- ☐ Other (please specify)

* 5. How long has it been since you have been to the doctor to get a checkup when you were well (not because you were already sick)?

- ☐ Within the last year
- ☐ 1-2 years ago
- ☐ 3-5 years ago
- ☐ More than 5 years ago
- ☐ I have never been to a doctor for a checkup
- ☐ Other (please specify)

* 6. In the last year, was there a time when you needed medical care but were not able to get it?

- ☐ Yes
- ☐ No

7. If you answered "yes" to the previous question, why weren't you able to get medical care?
Choose all that apply.

- ☐ I didn't have health insurance
- ☐ I couldn't afford to pay my co-pay or deductible
- ☐ I didn't have any way to get to the doctor
- ☐ The doctor or clinic refused to take my insurance or Medicaid
- ☐ I didn't know how to find a doctor
- ☐ Fear
- ☐ Too long to wait for appointment
- ☐ Other (please specify)

* 8. In the last year, was there a time when you needed prescription medicine but were not able to get it?

- ☐ Yes
- ☐ No

* 9. About how long has it been since you have been to the dentist to get a checkup (not for an emergency)?

- ☐ Within the last year
- ☐ 1-2 years ago
- ☐ 3-5 years ago
- ☐ More than 5 years ago
- ☐ I have never been to the dentist for a checkup

* 10. In the last year, was there a time when you needed dental care but could not get it?

- ☐ Yes
- ☐ No

11. If you answered "yes" to the previous question, why weren't you able to get dental care? Choose all that apply.

- ☐ I didn't have dental insurance
- ☐ I couldn't afford to pay my co-pay or deductible
- ☐ I didn't have any way to get to the dentist
- ☐ The dentist refused to take my insurance or Medicaid
- ☐ I didn't know how to find a dentist
- ☐ Too long to wait for an appointment
- ☐ Fear
- ☐ Other (please specify)

* 12. In the last year, was there a time you needed mental health counseling but could not get it?

- ☐ Yes
- ☐ No

13. If you answered "yes" to the previous question, why weren't you able to get mental health counseling? Choose all that apply.

- ☐ I didn't have insurance
- ☐ I couldn't afford to pay my co-pay or deductible
- ☐ I didn't have any way to get to a counselor
- ☐ The counselor refused to take my insurance or Medicaid
- ☐ I didn't know how to find a counselor
- ☐ Too long to wait for an appointment
- ☐ Fear
- ☐ Embarrassment
- ☐ Other (please specify)

* 14. In the last week, how many times did you participate in deliberate exercise, (such as, jogging, walking, golf, weight-lifting, fitness classes) that lasted for at least 30 minutes or more?

- ☐ None
- ☐ 1-2 times
- ☐ 3 times
- ☐ 5 times

* 15. On a typical day, how many servings of fruits and/or vegetables do you have?

- ☐ None
- ☐ 1-2
- ☐ 3-5
- ☐ More than 5
- ☐ Other (please specify)

* 16. On a typical day, how many cigarettes do you smoke (either actual or electronic/vapor)?

- ☐ None
- ☐ 1-4
- ☐ 5-8
- ☐ 9-12
- ☐ More than 12

* 17. Where do you get most of your medical information?

- ☐ Doctor/physician
- ☐ Friends/family
- ☐ Internet
- ☐ Pharmacy
- ☐ Nurse at my church
- ☐ Other (please specify)

* 18. Do you have a personal physician?

- ☐ Yes
- ☐ No

* 19. Overall, my physical health is:

- ☐ Good
- ☐ Average
- ☐ Poor

* 20. Overall, my mental health is:

- ☐ Good
- ☐ Average
- ☐ Poor

* 21. How long has it been since you have had a flu shot:

- ☐ Within the last year
- ☐ 1-2 years
- ☐ 3-5 years
- ☐ 5 or more years ago
- ☐ I have never had a flu shot

2022 Community Health Needs Assessment Survey

Please tell us about your family's experience during the novel Coronavirus (COVID-19) pandemic.

* 22. We had difficulty getting testing or test results for COVID 19

- ☐ Yes
- ☐ No
- ☐ Not applicable

* 23. We did not have adequate internet access (i.e telehealth, work, school)

- ☐ Yes
- ☐ No

* 24. We had difficulty getting medicine or medical supplies

- ☐ Yes
- ☐ No
- ☐ Not applicable

* 25. We had difficulty getting mental health services when we need it (i.e. substance abuse, depression, social isolation).

- ☐ Yes
- ☐ No
- ☐ Not Applicable

* 26. We had difficulty in getting social services (i.e. WIC Economic Services, Food, etc.

- ☐ Yes
- ☐ No

* 27. We had difficulty affording food.

- ☐ Yes
- ☐ No

* 28. We had difficulty getting other essentials or services

- ☐ Yes
- ☐ No

* 29. We lost our health insurance

☐ Yes

☐ No

* 30. We had difficulty paying housing costs (rent, mortgage, utilities, etc.)

☐ Yes

☐ No

* 31. We had difficulty finding elder care or other caregiving support

☐ Yes

☐ No

* 32. Where did you find useful and understandable information about COVID 19? Check all that apply

☐ Healthcare Provider

☐ Employee

☐ Other (please specify)

2022 Community Health Needs Assessment Survey

The following question(s) ask about issues with your background.

* 33. What county do you live in?

- ☐ Columbus
- ☐ Bladen
- ☐ Brunswick
- ☐ Other (please specify)

* 34. What type of insurance do you have?

- ☐ Medicare
- ☐ Medicaid
- ☐ Private/Commercial
- ☐ None

* 35. What is your sex?

- ☐ Male
- ☐ Female

* 36. What age range do you fall under?

- ☐ Under 20
- ☐ 21-30
- ☐ 31-40
- ☐ 41-50
- ☐ 51-60
- ☐ 61-70
- ☐ 71 or older

* 37. What is your race?

- ☐ White/Caucasian
- ☐ Black/African American
- ☐ Hispanic/Latino
- ☐ Asian (Indian, Japanese, Chinese, Korean, Vietnamese, Filipino)
- ☐ Pacific Islander (Native Hawaiian, Samoan, Guamanian/Chamorro)
- ☐ Other (please specify)

* 38. What is your highest level of education?

- ☐ Less than high school
- ☐ Some high school
- ☐ High school degree (or GED/equivalent)
- ☐ Some college (no degree)
- ☐ Associate's degree
- ☐ Bachelor's degree
- ☐ Graduate or professional degree
- ☐ Other (please specify)

* 39. What was your total income last year, before taxes?

- ☐ Less than \$20,000
- ☐ \$20,001 - \$40,000
- ☐ \$40,001 - \$60,000
- ☐ \$60,001 - \$80,000
- ☐ \$80,001 - \$100,000
- ☐ Over \$100,000

* 40. Do you rent or own where you live?

- ☐ Rent
- ☐ Own
- ☐ Other (please specify)

* 41. How many people live in your home?

* 42. What is your job status?

- ☐ Full-time
- ☐ Part-time
- ☐ Unemployed
- ☐ Homemaker
- ☐ Retired
- ☐ Disabled
- ☐ Student
- ☐ Armed Forces
- ☐ Other (please specify)

43. Is there anything else you would like to tell us about community concerns, health problems or services in the community? Please describe below: