

# Community Health Assessment Survey 2012

## Pinellas County Health Department

We are trying to better understand what is important to Pinellas County residents in order to improve our services and the health of our community. Please take a few minutes to complete this brief survey so your voice can be heard.

Thank you!

# Community Health Assessment Survey 2012

## 1. How healthy is the community where you live? (Choose One)

- Very healthy
- Healthy
- Somewhat healthy
- Unhealthy
- Very unhealthy

## 2. What do you think is most important for a healthy community?

Choose up to three (3) options.

- |  |  |
|--|--|
| <input type="checkbox"/> Access to health care                   | <input type="checkbox"/> Good child care                   |
| <input type="checkbox"/> Access to public transportation         | <input type="checkbox"/> Good schools                      |
| <input type="checkbox"/> Affordable housing options              | <input type="checkbox"/> Healthy behaviors and lifestyles  |
| <input type="checkbox"/> Church or other spiritual practices     | <input type="checkbox"/> Low crime, safe neighborhoods     |
| <input type="checkbox"/> Clean environment                       | <input type="checkbox"/> Parks and recreational activities |
| <input type="checkbox"/> Diversity (racial/ethnic/cultural/arts) | <input type="checkbox"/> Strong family life                |
| <input type="checkbox"/> Good jobs                               |  |
| <input type="checkbox"/> Other (please specify):                 |  |

## 3. Do you think the community where you live is safe?

- Yes
- No

## 4. Do you think the community where you live is a good place to raise children?

- Yes
- No

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## 5. What health problems are you worried about in your community?

Choose up to three (3) options.

- |  |   |
|--|---|
| <input type="checkbox"/> Addiction (alcohol and drug)                                  | <input type="checkbox"/> High blood pressure            |
| <input type="checkbox"/> Aging problems (arthritis, hearing, vision, end of life care) | <input type="checkbox"/> HIV/AIDS/STDs                  |
| <input type="checkbox"/> Child abuse/neglect   | <input type="checkbox"/> Infant death/premature births  |
| <input type="checkbox"/> Chronic diseases (cancer, diabetes, heart disease)            | <input type="checkbox"/> Injuries                       |
| <input type="checkbox"/> Contagious diseases (flu, pneumonia)                          | <input type="checkbox"/> Mental health problems/suicide |
| <input type="checkbox"/> Dental problems   | <input type="checkbox"/> Obesity                        |
| <input type="checkbox"/> Disabilities  | <input type="checkbox"/> Rape/sexual assault            |
| <input type="checkbox"/> Domestic violence   | <input type="checkbox"/> Teen pregnancy                 |
| <input type="checkbox"/> Other (please specify):                                       |   |

## 6. What Behaviors are you worried about in your community?

Choose up to three (3) options.

- |   |  |
|---|--|
| <input type="checkbox"/> Alcohol and drug abuse             | <input type="checkbox"/> Poor eating habits or nutrition   |
| <input type="checkbox"/> Being overweight                   | <input type="checkbox"/> Smoking/tobacco use               |
| <input type="checkbox"/> Discrimination                     | <input type="checkbox"/> Teen sexual activity              |
| <input type="checkbox"/> Dropping out of school             | <input type="checkbox"/> Unsafe sex                        |
| <input type="checkbox"/> Lack of physical exercise/activity | <input type="checkbox"/> Not getting immunizations (shots) |
| <input type="checkbox"/> Not using birth control            |  |
| <input type="checkbox"/> Other (please specify):            |  |

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## 7. How healthy are you? (Choose One)

- Very healthy
- Healthy
- Somewhat healthy
- Unhealthy
- Very unhealthy

## 8. How is your health care paid for?

- Private health insurance
- Medicaid
- Medicare
- Military/Veteran's Administration
- No insurance (pay cash)
- Cannot afford health care

## 9. In what ZIP code do you live? (enter 5-digit ZIP code)

## 10. What is your age?

- 18 or less
- 19-25
- 26-39
- 40-54
- 55-64
- 65 or over

## 11. What is your gender?

- Female
- Male

## 12. Please describe your race/ethnicity.

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

## 13. What is the highest level of education you have completed?

- Less than high school
- High school diploma or GED
- Two year degree
- Bachelor's degree
- Advanced degree
- Other

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## 14. What is your household income per year?

- Less than \$15,000
- \$15,000-\$25,000
- \$25,001-\$35,000
- \$35,001-\$45,000
- \$45,001-\$55,000
- \$55,001 or more