

Public Health Community Survey

Full Name

Age

Gender

Email Address

Address / Neighborhood

1. How would you rate the overall health in your community?

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

2. Please select the biggest health concerns in your community (select all that apply):

- ☐ Access to care
- ☐ Chronic diseases
- ☐ Mental health
- ☐ Nutrition
- ☐ Substance use
- ☐ Environmental issues
- ☐ Other

3. What are the biggest barriers to good health in your community?

4. What community health services do you or your family use most often?

5. What changes would you like to see to improve community health?