



# Community Health Needs Assessment Survey

1. What is your Zip code? \_\_\_\_\_

<input type="checkbox"/> 78501	<input type="checkbox"/> 78503	<input type="checkbox"/> 78504	<input type="checkbox"/> 78516	<input type="checkbox"/> 78537	<input type="checkbox"/> 78538	<input type="checkbox"/> 78539	<input type="checkbox"/> 78541
<input type="checkbox"/> 78542	<input type="checkbox"/> 78543	<input type="checkbox"/> 78549	<input type="checkbox"/> 78557	<input type="checkbox"/> 79558	<input type="checkbox"/> 78560	<input type="checkbox"/> 78562	<input type="checkbox"/> 78563
<input type="checkbox"/> 78565	<input type="checkbox"/> 78570	<input type="checkbox"/> 78572	<input type="checkbox"/> 78573	<input type="checkbox"/> 78576	<input type="checkbox"/> 78577	<input type="checkbox"/> 78579	<input type="checkbox"/> 78589
<input type="checkbox"/> 78589	<input type="checkbox"/> 78595	<input type="checkbox"/> 78596	<input type="checkbox"/> 78599	<input type="checkbox"/> other	_____	<input type="checkbox"/>	<input type="checkbox"/>

2. What is your gender?

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender	<input type="checkbox"/> Other: _____
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3. What is your age?

<input type="checkbox"/> 12-17	<input type="checkbox"/> 18-24	<input type="checkbox"/> 25-34	<input type="checkbox"/> 35-44	<input type="checkbox"/> 55-64	<input type="checkbox"/> 65-74	<input type="checkbox"/> 75+
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4. What group do you most identify with? (Check only 1.)

<input type="checkbox"/> Adult with children	<input type="checkbox"/> Adult with no children	<input type="checkbox"/> Caregiver
<input type="checkbox"/> LGBTQI	<input type="checkbox"/> Person experiencing homelessness	<input type="checkbox"/> Immigrant
<input type="checkbox"/> Person with a disability	<input type="checkbox"/> Refugee/Asylum Seeker	<input type="checkbox"/> Single parent
<input type="checkbox"/> Veteran	<input type="checkbox"/> Person living with HIV/AIDS	<input type="checkbox"/> Other: _____

5. What range is your household income?

<input type="checkbox"/> Less than \$20,000	<input type="checkbox"/> \$20,000 to \$29,000	<input type="checkbox"/> \$50,000 to \$74,000	<input type="checkbox"/> \$75,000 to \$99,999	<input type="checkbox"/> Over 100,000
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6. What is the highest level of education you have completed?

<input type="checkbox"/> Less than a high school graduate	<input type="checkbox"/> High School Diploma or GED	<input type="checkbox"/> Associate degree
<input type="checkbox"/> Currently enrolled at vocational school or college	<input type="checkbox"/> College degree or higher	<input type="checkbox"/> Other

## Community Health and Wellness

In this survey, "community" is defined as the areas where you work, live, learn and/or play.

1. In general, how would you rate your physical health?

<input type="checkbox"/> Very Poor	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
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2. How would you rate your mental health, including your mood, stress level, and your ability to think?

<input type="checkbox"/> Very Poor	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
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3. How often are you able to get the services you need to maintain your mental health?

<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
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4. On a monthly basis, do you have enough money to pay for essentials such as food, clothing and housing?

<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
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5. On a monthly basis, do you have enough money to pay for health care expenses? (e.g. doctor bills, medications, etc.)

<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
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6. In your community, do people trust one another and look out for one another?

<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
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7. On a scale of 1-10, how would you rate the Health of Your Community

(Worst) 1 2 3 4 5 6 7 8 9 10(Best)

8. On a scale of 1-10, how would you rate your overall health at this time (physical health, mental health, social health)?

(Worst) 1 2 3 4 5 6 7 8 9 10(Best)

9. On a scale of 1-10, where do you see your overall health in 5 years?

(Worst) 1 2 3 4 5 6 7 8 9 10(Best)

10. How do you pay for your health care (including medications, dental and health treatments)?

(Check all that apply.)

<input type="checkbox"/> Health insurance purchased on my own or by a family member	<input type="checkbox"/> Health Insurance purchased/provided through employer	<input type="checkbox"/> I do not use healthcare services
<input type="checkbox"/> Medicaid/AHCCCS	<input type="checkbox"/> Medicare	<input type="checkbox"/> Travel to a different country to afford healthcare
<input type="checkbox"/> Use free clinics	<input type="checkbox"/> Use my own money (out of pocket)	<input type="checkbox"/> Veterans Administration

11. What are the biggest barriers to accessing healthcare in your community? (Check up to 3.)

<input type="checkbox"/> Childcare	<input type="checkbox"/> Difficulty finding the right provider for	<input type="checkbox"/> Distance to provider
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	my care	
<input type="checkbox"/> Inconvenient office hours	<input type="checkbox"/> No health insurance coverage	<input type="checkbox"/> Not enough health insurance coverage
<input type="checkbox"/> Transportation to appointments	<input type="checkbox"/> Understanding of language, culture, or sexual orientation differences	

12. Which health conditions have the greatest impact on your community's overall health and wellness? (Check up to 5.)

<input type="checkbox"/> Alcohol/Substance abuse	<input type="checkbox"/> Anorexia/bulimia and other eating disorders	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Autism
<input type="checkbox"/> Cancers	<input type="checkbox"/> Chronic stress	<input type="checkbox"/> Chronic Pain	<input type="checkbox"/> Dementia/Alzheimer's
<input type="checkbox"/> Dental problems (oral health)	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Food allergies/anaphylaxis	<input type="checkbox"/> Heart disease and stroke
<input type="checkbox"/> High blood pressure or cholesterol	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Tobacco use including vaping	<input type="checkbox"/> Lung disease (asthma, COPD, emphysema)
<input type="checkbox"/> Sexually transmitted diseases	<input type="checkbox"/> Overweight/obesity	<input type="checkbox"/> Suicide	<input type="checkbox"/>
<input type="checkbox"/> Vaccine-preventable disease such as flu, measles, and pertussis (whooping cough)		<input type="checkbox"/> Mental health issues (depression, anxiety, bipolar, etc.)	

13. Which issues have the greatest impact on your community's health and wellness? (Check up to 5.)

<input type="checkbox"/> Bullying/peer pressure	<input type="checkbox"/> Child abuse/neglect	<input type="checkbox"/> Distracted driving (such as cell phone use, texting while driving)
<input type="checkbox"/> Domestic violence	<input type="checkbox"/> Dropping out of school	<input type="checkbox"/> Elder abuse/neglect
<input type="checkbox"/> Gang-related violence	<input type="checkbox"/> Gun-related injuries	<input type="checkbox"/> Homelessness
<input type="checkbox"/> Homicide (murder)	<input type="checkbox"/> Illegal drug use	<input type="checkbox"/> Limited access to healthcare
<input type="checkbox"/> Lack of affordable healthy food options	<input type="checkbox"/> Lack of affordable housing	<input type="checkbox"/> Lack of child car seats and seat belts use
<input type="checkbox"/> Lack of good jobs	<input type="checkbox"/> Lack of good schools	<input type="checkbox"/> Lack of people immunized to prevent disease
<input type="checkbox"/> Lack of public transportation	<input type="checkbox"/> Lack of quality and affordable childcare	<input type="checkbox"/> Lack of safe spaces to exercise and be physically active
<input type="checkbox"/> Lack of support networks such as neighbors, friends and family	<input type="checkbox"/> Limited places to buy groceries	<input type="checkbox"/> Motor vehicle & motorcycle crash injuries
<input type="checkbox"/> Racism/discrimination	<input type="checkbox"/> Rape/sexual assault	<input type="checkbox"/> Smoking/Electronic cigarette use or



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<input type="checkbox"/> Suicide	<input type="checkbox"/> Teen pregnancy	<input type="checkbox"/> vaping
<input type="checkbox"/> Unsafe working conditions		

14. How long would it take you to get from your home to the nearest hospital, by car?

<input type="checkbox"/> 1 min - 5 mins	<input type="checkbox"/> 5 mins - 15 mins	<input type="checkbox"/> 15 mins - 30 mins	<input type="checkbox"/> 30- 1hr	<input type="checkbox"/> 1+ Hrs
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15. Have you decided not to use medical services in the past 12 months because of high out-of-pocket (personal) costs?

Yes       No

16. Where did you get your health information during the pandemic? Pick the top three places you used.

<input type="checkbox"/> Centers for Disease Control (CDC)	<input type="checkbox"/> Texas Department of Health and Human Services	<input type="checkbox"/> Hidalgo County Health & Human Services (local public health department)
<input type="checkbox"/> My doctor	<input type="checkbox"/> My church/faith group	<input type="checkbox"/> A family member
<input type="checkbox"/> A friend	<input type="checkbox"/> Social media (Instagram, Facebook, Tik Tok)	<input type="checkbox"/> Regional &/or national TV news (CNN, Fox News, MSNBC)
<input type="checkbox"/> National news (New York Times, Atlantic, Washington Post)	<input type="checkbox"/> Online blog or newsletter	

17. Where do you get your health information now? Pick three places you currently use.

<input type="checkbox"/> Centers for Disease Control (CDC)	<input type="checkbox"/> Texas Department of Health and Human Services	<input type="checkbox"/> Hidalgo County Health & Human Services (local public health department)
<input type="checkbox"/> My doctor	<input type="checkbox"/> My church/faith group	<input type="checkbox"/> A family member
<input type="checkbox"/> A friend	<input type="checkbox"/> Social media (Instagram, Facebook, Tik Tok)	<input type="checkbox"/> Regional &/or national TV news (CNN, Fox News, MSNBC)
<input type="checkbox"/> National news (New York Times, Atlantic, Washington Post)	<input type="checkbox"/> Online blog or newsletter	

## Access and Function

1. Have you considered preparing for a disaster?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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2. Do you have homeowners or renters insurance for your residence?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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3. Do you have flood insurance?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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4. What have you done to prepare for a disaster or emergency in the last year? ( select all that apply)

<input type="checkbox"/> Assemble or Update Supplies	<input type="checkbox"/> Document and Insure Property	<input type="checkbox"/> Get Involved in Your Community
<input type="checkbox"/> Know Evacuation Routes	<input type="checkbox"/> Make a Plan	<input type="checkbox"/> Make Your Home Safer
<input type="checkbox"/> Plan with Neighbors	<input type="checkbox"/> Practice Emergency Drills or Habits	<input type="checkbox"/> Safeguard Documents
<input type="checkbox"/> Save for a Rainy Day	<input type="checkbox"/> Sign up for Alerts and Warnings	<input type="checkbox"/> Test Family Communication Plan

5. Please select all reasons that would prevent you from evacuating during a disaster

<input type="checkbox"/> Disabled ( Cognitive and/or Physical)	<input type="checkbox"/> Deaf/ Hard of Hearing	<input type="checkbox"/> Blind	<input type="checkbox"/> Transportation
<input type="checkbox"/> Age	<input type="checkbox"/> Immigration status	<input type="checkbox"/> Language barrier	<input type="checkbox"/> Pets/ Livestock
<input type="checkbox"/> Do not want to leave my home/ Fear of looters		<input type="checkbox"/> There is no reason for me NOT to Evacuate	

6. Thinking about preparing yourself for a disaster, which of the following best represents your degree of preparedness? (pick one)

<input type="checkbox"/> I am NOT prepared, but I intend to get prepared in the next six months	<input type="checkbox"/> I am NOT prepared, but I intend to start preparing in the next year	<input type="checkbox"/> I am NOT prepared, and I do not intend to prepare in the next year
<input type="checkbox"/> I have been prepared for MORE than a year and I continue preparing	<input type="checkbox"/> I have been prepared for LESS than a year	<input type="checkbox"/> Don't know

7. Do you have a dog or a cat living in your home?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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a. if Yes is your Dog/Cat taking flea/ tick preventative meds?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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