

Community Health Needs Assessment Survey

You are being asked to fill out this survey to help your community hospital identify better ways to support and serve the needs of our community.

* Indicates required question

Personal Health and Wellness

Overall, how would you rate your personal health? *

- ☐ Very Healthy
- ☐ Healthy
- ☐ Somewhat Healthy
- ☐ Unhealthy
- ☐ Very Unhealthy

In the past three years, was there ever a time when you or someone in your household needed healthcare services but either did **not** receive them or **delayed** getting them? *

- ☐ Yes
- ☐ No

If yes, what were the primary reasons that **prevented** you from receiving healthcare services? *Select all that apply.*

- ☐ No appointments
- ☐ Too long of a wait for an appointment
- ☐ Clinic was not open when I could go
- ☐ Unsure if services were available
- ☐ Too much money
- ☐ Could not get off work
- ☐ Transportation
- ☐ No one to care for my children at that time
- ☐ Did not know where to go
- ☐ It was too far
- ☐ No insurance
- ☐ My insurance did not cover it
- ☐ I was not treated with respect
- ☐ Too nervous or afraid
- ☐ Language barrier
- ☐ Do not like the providers
- ☐ I was not prevented from receiving healthcare services.

☐ Other: _____

What healthcare services would you use if they were available? *

- ☐ Ear, Nose, Throat services (ENT)
- ☐ Gynecology (OB/GYN)
- ☐ Addiction Services
- ☐ Pulmonology or Cardiology (Heart)
- ☐ Wellness Clinics
- ☐ Spine Services
- ☐ Urology
- ☐ Orthopedics

☐ Other: _____

Preventative testing and services help to prolong the length of living and can lead to early diagnosis of serious health problems. Which of the following services have you used in the past year? *Select all that apply.* *

- ☐ Children's check up or baby wellness check
- ☐ Cholesterol check
- ☐ Flu shot
- ☐ Vaccine (immunizations)
- ☐ Mammogram Screening
- ☐ Pap smear
- ☐ Prostate screening
- ☐ Routine blood pressure check
- ☐ Routine health check up
- ☐ Smoking cessation
- ☐ Diabetic services
- ☐ None

☐ Other: _____

Community Health

How would you rate the general health of your community? *

- ☐ Very Unhealthy
- ☐ Unhealthy
- ☐ Somewhat Healthy
- ☐ Healthy
- ☐ Very Healthy

Select the three items you think are **most** important for creating a healthy community. *

- ☐ Access to health care or health care services
- ☐ Clean environment
- ☐ Community involvement
- ☐ Education
- ☐ Healthy behaviors and lifestyles education

☐ Other: _____

What are the **biggest** challenges to accessing healthcare in your community? *Select all that apply.*

- ☐ Cost of care
- ☐ Lack of transportation
- ☐ Availability of providers
- ☐ Long wait times
- ☐ Lack of health insurance
- ☐ Language barriers
- ☐ Lack of knowledge

☐ Other: _____

What factors contribute **most** to health concerns in your community? *Select all that apply.*

- ☐ Poverty
- ☐ Lack of education
- ☐ Limited job opportunities
- ☐ Limited access to healthy food
- ☐ Unsafe housing or neighborhoods

☐ Other: _____

In your opinion, what would improve your community's access to health care? *Select all that apply.* *

- ☐ More health education services
- ☐ Improved quality of care
- ☐ Interpreter services
- ☐ More primary care providers
- ☐ More specialty doctors (Orthopedic, Eye, ENT, etc.)
- ☐ Transportation assistance
- ☐ Outpatient expanded hours
- ☐ Telemedicine
- ☐ Home health care

☐ Other: _____

In the following list, what do you think are the three **most** serious health concerns in your community? *

- ☐ Alcohol/Substance Abuse
- ☐ Cancer
- ☐ Child Abuse
- ☐ Diabetes
- ☐ Domestic Violence
- ☐ Kidney Disease
- ☐ Heart Disease
- ☐ Lack of Access to Healthcare
- ☐ Lack of Dental Care
- ☐ Lack of Exercise
- ☐ Underage Use of Alcohol or Drugs
- ☐ Mental Health Problems
- ☐ Obesity (overweight)
- ☐ Stroke
- ☐ Tobacco Use
- ☐ Motor Vehicle Accidents

☐ Other: _____

How do you typically access information about available health services? *Select all that apply.*

- ☐ Family or friends
- ☐ Healthcare providers (e.g., doctors, nurses, clinics)
- ☐ Social media (e.g., Facebook, Instagram, Twitter)
- ☐ Community organizations or events
- ☐ Local newspapers or magazines
- ☐ Television or radio
- ☐ Internet searches (e.g., Google, health websites)
- ☐ Flyers, posters, or brochures
- ☐ Faith-based organizations or places of worship
- ☐ Other (please specify): _____

What else would you like us to know about your needs or the community?

Your answer

Demographic Information

What county do you reside in? *

Your answer

What is your gender? *

- ☐ Male
- ☐ Female
- ☐ Prefer not to say

☐ Other: _____

What is your current age range? *

- ☐ 18 to 25
- ☐ 26 to 35
- ☐ 36 to 45
- ☐ 46 to 55
- ☐ 56 to 65
- ☐ 66 to 75
- ☐ 76 to 85
- ☐ 86+

What is your race? *Select all that apply.* *

- ☐ White
- ☐ Hispanic or Latino
- ☐ Black or African American
- ☐ Native American or American Indian
- ☐ Asian/Pacific Islander
- ☐ Prefer not to say

☐ Other: _____

What is your employment status? *

- ☐ Unemployed
- ☐ Self Employed
- ☐ Part Time
- ☐ Full Time
- ☐ Retired

What is your highest education level? *

- ☐ No Education
- ☐ High school or GED
- ☐ Associates Degree (2 year)
- ☐ Bachelors Degree (4 year)
- ☐ Masters or Doctorate

What is your total household income before taxes in the last 12 months? *

- ☐ \$25,000 or Less
- ☐ \$25,000 to \$34,999
- ☐ \$35,000 to \$49,999
- ☐ \$50,000 to \$74,999
- ☐ \$75,000 to \$99,999
- ☐ \$100,000 to \$149,999
- ☐ \$150,000 to \$199,999
- ☐ \$200,000 or more
- ☐ Prefer not to say

☐ Other: _____

What is your current type of health insurance coverage? *

Your answer

Thank you for participating!

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