The M orehouse School of Medicine Prevention Research Center is conducting its Community Health Needs Assessment. As a neighborhood resident of Neighborhood Planning Units (NPUs) $\mathrm{V}, \mathrm{X}, \mathrm{Y}$, and Z , your opinion about the health concerns in your community is important to us.

The information you give will help us develop health programs and improve prevention education services that can benefit you and your families. Please take ten minutes of your time right now to complete this survey. Remember, there is no right or wrong answer. Please tell us what you think.

Before we begin have you completed this 20122013 Community Health Needs Assessment survey already?

Yes
No
Not Sure
$\qquad$

6 What Neighborhood Planning Unit (NPU) do you live in? V X

Y
Z
Other (Please Specify) $\qquad$ Don't Know

7 What is your zip code? $\qquad$
8 What is your annual family income?
Under \$10,000
\$10,001-\$25,000
\$25,001-\$40,000
\$40,001-\$55,000
\$55,001-\$75,000
\$75,001-\$100,000
Over \$100,000
I prefer not to disclose my income.
9 Please indicate your marital status.
Single, Never M arried
Informally M arried or Living with a Permanent Partner
M arried
Divorced
Widowed
I prefer not to disclose this information.
10 Would you say in general that your health is:
Excellent
Very Good
Good
Fair
Poor
$\qquad$

13 What do you think should be done to solve these health problems?

14 What are the top three things my community needs to know more about related to health?
needs to know
more about:

## 16 Please rank the top three health issues you would like to learn more about for yourself.

. For my health, I want to
learn more about:

|  | First Priority | $\begin{aligned} & \hline \text { Second } \\ & \text { Priority } \end{aligned}$ | Third Priority |
| :---: | :---: | :---: | :---: |
| Asthma |  |  |  |
| Cancer |  |  |  |
| Diabetes |  |  |  |
| Environmental Health |  |  |  |
| Heart Disease |  |  |  |
| High Blood Pressure |  |  |  |
| HIV/AIDS |  |  |  |
|  |  |  |  |
| M ental Health |  |  |  |
| Obesity |  |  |  |
| Secondhand smoke |  |  |  |
| Sexually Transmitted Diseases or Infections |  |  |  |
| Stroke |  |  |  |
| Substance Abuse |  |  |  |
| Teen Pregnancy |  |  |  |

17 For each of your top three choices, please tell us why the health issues you chose are important for you.

18 Are there any health programs in your community?
Yes (Please List) $\qquad$
No
$\qquad$

19 Have you attended any health programs in your community? Yes (Please List)
No

29 What are the three best ways to share health information
? Please rank your top three choices

|  | First Best Way | Second Best Way | Third Best Way |
| :---: | :---: | :---: | :---: |
| Attend Church Events |  |  |  |
| Attend Community Events |  |  |  |
| E-News Bulletin/E-Health Cards |  |  |  |
| Facebook |  |  |  |
| Flyers |  |  |  |
| Health Clinics |  |  |  |
| Health Fairs |  |  |  |
| Internet |  |  |  |
| Local Newspapers |  |  |  |
| Neighborhood M eetings |  |  |  |
| Phone |  |  |  |
| Posters |  |  |  |
| Radio Programs |  |  |  |
| Television Programs |  |  |  |
| Twitter |  |  |  |
| Word of M outh |  |  |  |
| Other (Please List) |  |  |  |

30 Please share any other ideas or comments about health concerns for you and your community.

If you have any questions or concerns, please contact the M orehouse School of M edicine Prevention Research Center (M SM PRC) at 404-752-1022.
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