

SAMPLE ONLY --- Community Survey

Provided by www.childhealthonline.org

Your opinion is important to us. Please take a few minutes to complete both sides of this survey. Thanks!

What county do you live in?

- | | | | | |
|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Blount | <input type="checkbox"/> Cullman | <input type="checkbox"/> Jackson | <input type="checkbox"/> Marshall | <input type="checkbox"/> Winston |
| <input type="checkbox"/> Cherokee | <input type="checkbox"/> DeKalb | <input type="checkbox"/> Lawrence | <input type="checkbox"/> Morgan | |
| <input type="checkbox"/> Colbert | <input type="checkbox"/> Franklin | <input type="checkbox"/> Marion | <input type="checkbox"/> Walker | |

How long have you lived in this county? _____ years

Of this list, which 8 issues concern you most in your neighborhood or community?

- Need more job training
- Not enough jobs
- Adult education
- Schools and education for children
- Safety in schools

- Condition of school buildings & facilities
- Illiteracy
- Language barriers (non-English speaking)
- Money management
- Need affordable housing

- Lack of shelter for homeless families
- Food for low-income people
- Food for the elderly
- Available health care
- Emergency services (police, fire, paramedics)

- Available mental health care
- Services for disabled children and families
- Lack of transportation
- Roads and street repair
- Cost of utilities (gas, electricity, water)

- Lack of quality child care
- Access to library, bookmobile, etc.
- Teen pregnancy
- Teenage delinquency
- Crime, violence, and drug abuse

- Child abuse and neglect
- Vacant buildings and run-down houses
- Other: _____

Of this list, which 6 are the most pressing issues for your family?

- Job training
- Employment
- Educational services for children (tutoring, etc.)
- Education for adults (GED, etc.)
- Lack of books or reading materials in the home

- Paying necessary bills (gas, water, rent, etc.)
- Managing finances
- Tax return preparation and filing
- Affordable housing
- Housing maintenance and repair

- Food
- Transportation and fuel costs
- Available telephone or cell phone
- Getting help for personal needs (baths, etc.)
- Personal safety

- Child care for infants, toddlers, preschoolers
- After school care for school-age children
- Summer care for school-age children
- In home care for disabled adult
- Services for child with disability

- Substance abuse
- Getting health and medical care
- Affordable health insurance
- Paying for prescribed drugs
- Getting dental care
- Getting mental health services

- Other: _____

Please complete other side



What is your age?

18-25 26-35 36-45
 46-55 56-65 66+

What is your gender?

Female Male

What is your ethnic group? Check one.

White/Caucasian
 African-American/Black
 Hispanic/Latino
 American Indian
 Asian
 Multi-racial
 Other: _____

What is the highest level of education you completed? Check only one.

Did not graduate from High School (11th grade or less)
 Graduated from high school or earned GED
 Attended 1-2 years college or technical school
 Graduated with Associate's degree or two-year certificate
 Graduated with technical degree or certificate
 Completed 3-4 years college or technical school
 Graduated with Bachelor's degree
 Graduated with Master's degree or higher

Thank you for your time.

What is your employment status?

Check only one.

Full-time employed
 Part-time employed
 Seasonal work
 Self-employed
 Unemployed - student
 Unemployed - SSI / Disability
 Unemployed by choice - (homemaker, etc.)
 Unemployed - cannot find job
 Retired
 Volunteer (where?) _____
 Other: _____

Do you have health insurance? Check one.

Yes – but only for myself
 Yes – but only for my children
 Yes – for my entire family
 No – I do not have health insurance

Are you the head of your household?

Yes No

Do you own or rent your home?

Own Rent
 Other (explain): _____

How many adults, counting yourself, live in your household? _____

How many children (ages birth-17) live in your household? _____

Is anyone in your household disabled?

Yes No
If yes, how old are they? _____

What is your Zip Code? _____

Is there a working computer in your home?

Yes No

Do you have internet access (either at home or at work)?

Yes No

If you have internet access at home, what type of connection do you have?

Dialup DSL Cable Satellite