Community Health Needs Survey – Thank you for taking the time to complete our survey. It will take no more than five minutes to complete. Your participation is important to learn about your health needs. The completion of this survey will help Adena Medical Center–Chillicothe and Adena Pike Medical Center develop services and programs to better serve the health needs in our community.

1. What is your gender?
   - Male  □  Female  □

2. What is your age?
   - Under 18  □  18 – 25  □  26 – 34  □  35 – 45  □  46 – 55  □  56 – 64  □  65+

3. What is your zip code? __________

4. What is your employment status?
   - Full-time  □  Part-time  □  Unemployed  □

5. How would you rate your overall health?
   - Excellent □  Good □  Fair □  Poor □

6. Do you smoke?
   - Yes  □  No  □

7. What issues affect your community’s health? Check top 4.
   - Stress □  Literacy □  Obesity □  Domestic Violence □  HIV/AIDS □  Parenting Issues □  Sexually Transmitted Diseases □  Poor Nutrition □  At-Risk Youth □  Teen Pregnancy □  Cancer □  Asthma □  Diabetes □  Heart Disease □  Dental Health □  Unemployment □  Lack of health insurance □  Not Immunized □  Homelessness □  Drug Abuse □  Alcohol Abuse □  Violence □  Lack of mental health resources □  Other: ____________________________

8. Where do you go routinely for medical care?
   - Family Doctor □  Specialty Care Physician (ex. Cardiologist) □  Emergency Room □  Free Clinic □  Urgent Care Center □  Clinics in drug stores, Walmart & grocery stores □  I don’t seek medical care. Other: ____________________________

9. Did you visit your family physician within the last year?
   - Yes □  No □  If no, why? ____________________________

10. Did you visit the dentist within the last year?
    - Yes □  No □  If no, why? ____________________________
11. Did you visit the eye doctor within the last year?
   - Yes
   - No
   If no, why?

12. When you or your family need medical/dental care, are any of the following usually a problem?
   - Childcare
   - Transportation
   - Cost
   - No insurance or poor coverage
   - No available appointment
   - Specialist not located in my community for my condition
   - Office or clinic hours
   - Have the ability to take off work when I or my family is sick without losing pay
   - No issue
   Other________________

13. Do you have health insurance?
   - Yes
   - No

14. If yes, what type of coverage do you have?
   - Medicare
   - Medicaid
   - Commercial health insurance (Example: Anthem, United Healthcare, Cigna….)
   Other____________________

15. If you have health insurance, do you understand your insurance benefits?
   - Yes
   - Somewhat
   - No
   - N/A

   - Friends/Family
   - Doctor/Nurse/Medical Professional
   - Newspaper/Magazine/TV
   - Internet
   - School
   - Church
   - Library
   Other________________

17. Please select the top 3 health challenges you face.
   - Cancer
   - Diabetes
   - Overweight/obesity
   - Lung disease
   - Depression
   - High blood pressure
   - Stroke
   - Heart disease
   - Joint pain or back pain
   - Mental health issues
   - Alcohol overuse
   - Drug addiction
   - Asthma
   - Smoking addiction
   - I do not have any health challenges
   Other__________

18. What health topics are most important to you and/or your family members? Check top 3.
   - Asthma
   - Diabetes
   - Cancer
   - Nutrition
   - Exercise
   - Quitting Smoking
   - Stress Management
   - Depression
   - Heart Disease
   - Blood Pressure
   - Cholesterol
   - Substance Abuse
   - Violence Prevention
   - CPR/First Aid
   - STD’s
   - Healthy Pregnancy
   - HIV/AIDS
   - Oral Health
   - Flu
   - Immunizations
   - Injury Prevention
   - Women’s Health
   - Men’s Health
   - Pediatric Care
   Other____________

19. Which of these health habits do you think contributes to maintaining your own health?
   Check top 4.
   - Wearing a seat belt
   - Rarely eating fast or “junk” food
   - Brushing/flossing teeth daily
   - Not smoking
   - Applying sunscreen when outside
   - Sleeping at least 7 hours each night
   - Taking vitamin pills or supplements daily
   - Not using illegal substances
   - Practicing my faith/attending services
   - Doing some form of exercise (e.g., walking)
   - Eating fresh fruit and vegetables each day
   - Limiting alcohol (e.g., 1 drink/day) or not drinking
   Other__________