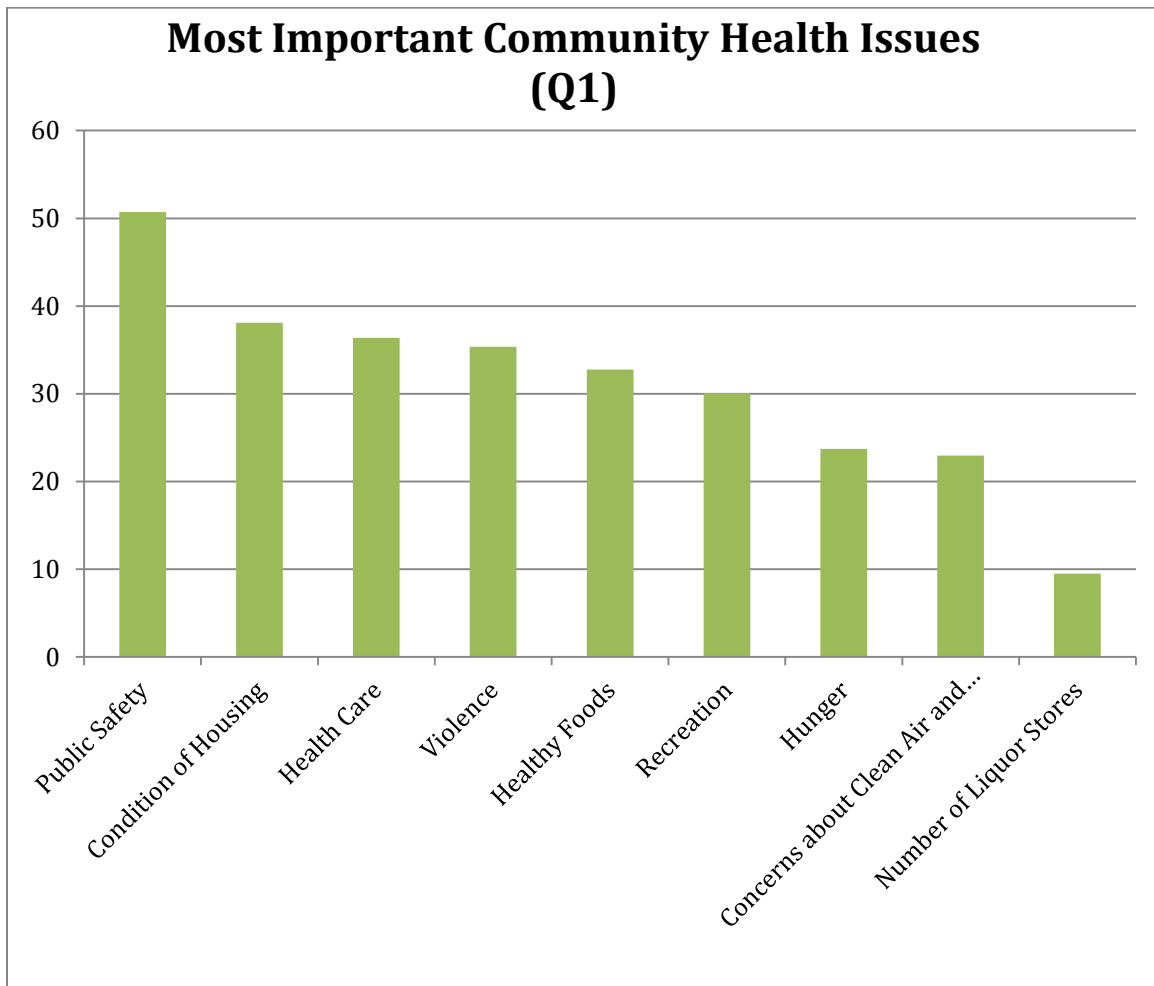


1) What are the most important issues affecting the health of your community?

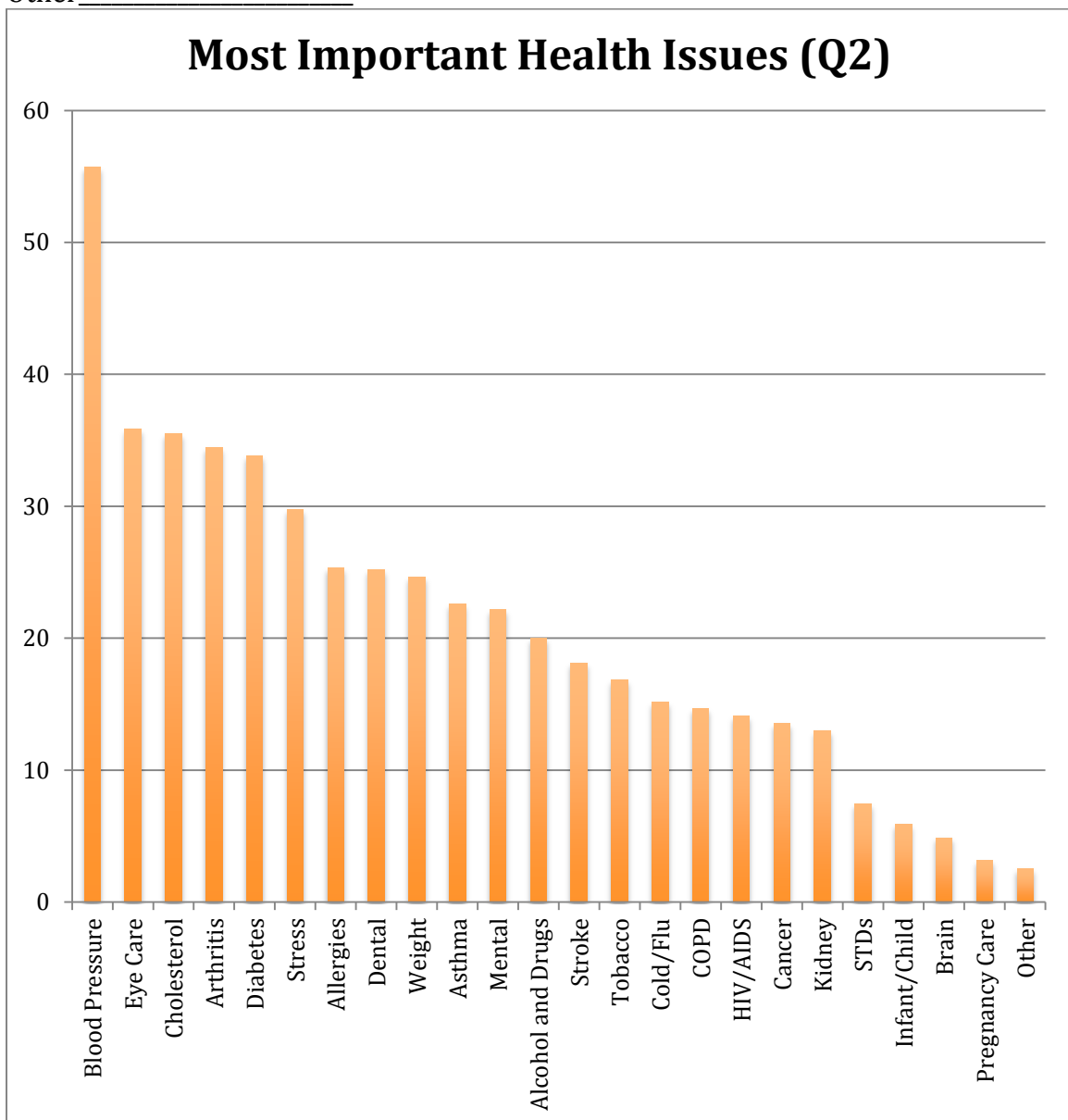
(Check up to 3 issues)

- Hunger (not enough food )
- Healthy Foods (not available/ can't afford)
- Violence (domestic violence, child or senior abuse)
- Recreation (safe places to play/exercise)
- Number of liquor stores
- Condition of housing (lead, lighting, elevators, stairs, pests, heating/cooling)
- Public Safety (illegal drug sales, gangs, shootings)
- Concerns about clean air and water
- Health Care



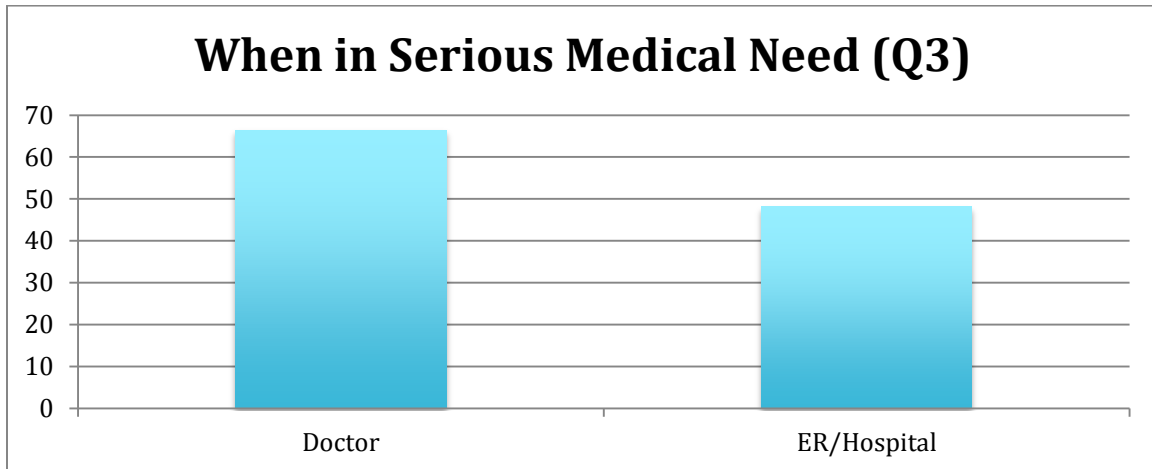
2) What are the most important health issues and concerns for you and your family?

- |  |  |
|--|--|
| <input type="checkbox"/> Alcohol & Drug Abuse    | <input type="checkbox"/> Allergies   |
| <input type="checkbox"/> Arthritis               | <input type="checkbox"/> Asthma  |
| <input type="checkbox"/> Brain Injury            | <input type="checkbox"/> Cancer. What type? _____  |
| <input type="checkbox"/> Cold & Flu              | <input type="checkbox"/> Chronic Obstructive Pulmonary Disease (COPD) & other breathing conditions |
| <input type="checkbox"/> Dental/Oral Health Care | <input type="checkbox"/> Diabetes  |
| <input type="checkbox"/> Eye Care                | <input type="checkbox"/> High Blood Pressure   |
| <input type="checkbox"/> High Cholesterol        | <input type="checkbox"/> HIV/AIDS  |
| <input type="checkbox"/> Infant and Child Health | <input type="checkbox"/> Kidney Disease  |
| <input type="checkbox"/> Mental Health           | <input type="checkbox"/> Overweight/Obesity  |
| <input type="checkbox"/> Pregnancy Care          | <input type="checkbox"/> Sexually - transmitted Diseases   |
| <input type="checkbox"/> Stress                  | <input type="checkbox"/> Stroke <input type="checkbox"/> Tobacco Use <input type="checkbox"/>      |
| Other _____                                      |  |



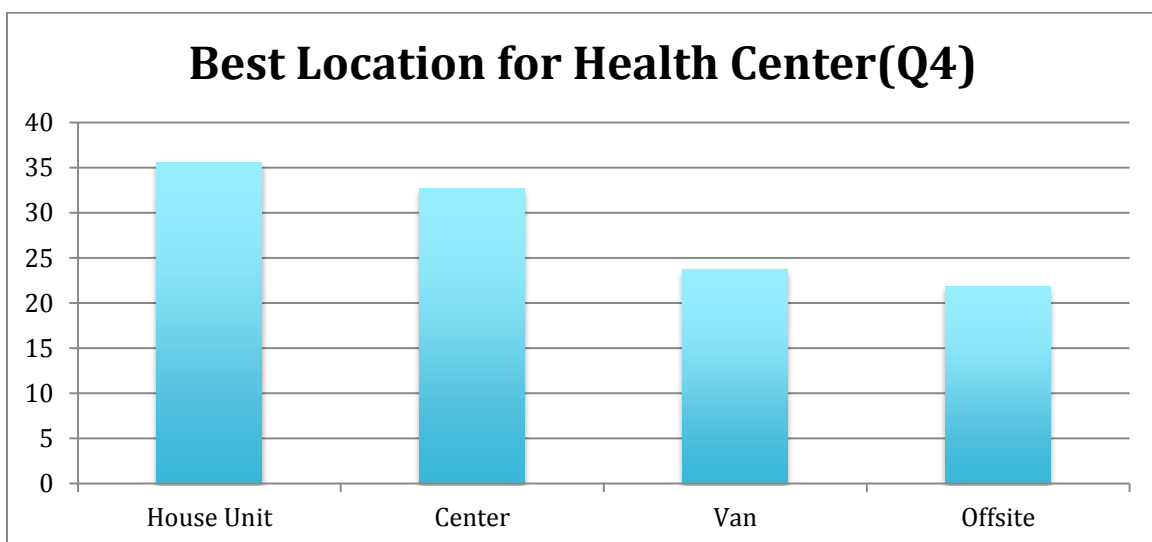
3) What do you do when you or a family member has a serious medical need?

- Go to my own doctor or health center
- Go to the emergency room or hospital?
- Other \_\_\_\_\_

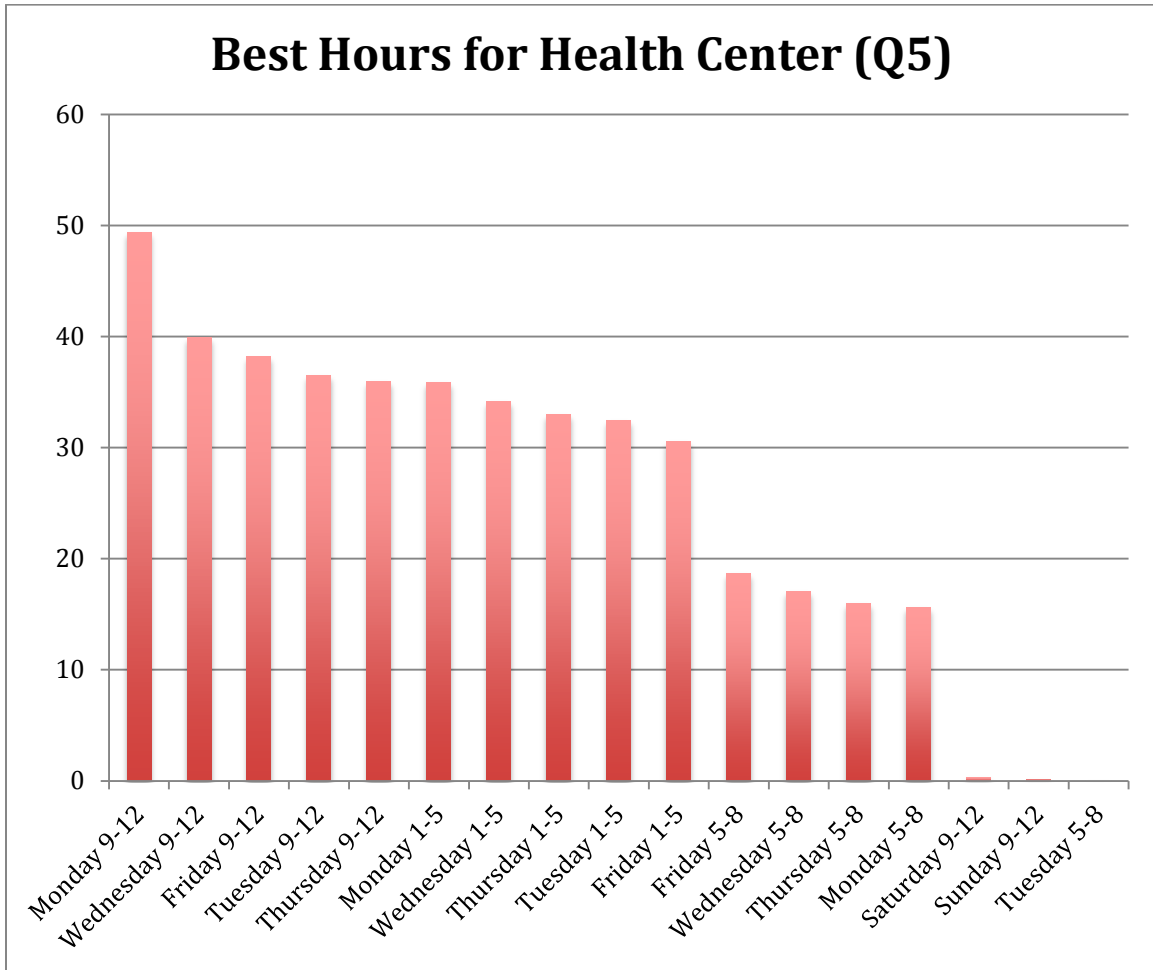


4) Thinking about convenience versus privacy issues, what would be the best location for a Health Center?

- Mobile Van
- Health Center in or near Management Office.
- In one of the housing units on the property
- Nearby, but offsite of the housing complex

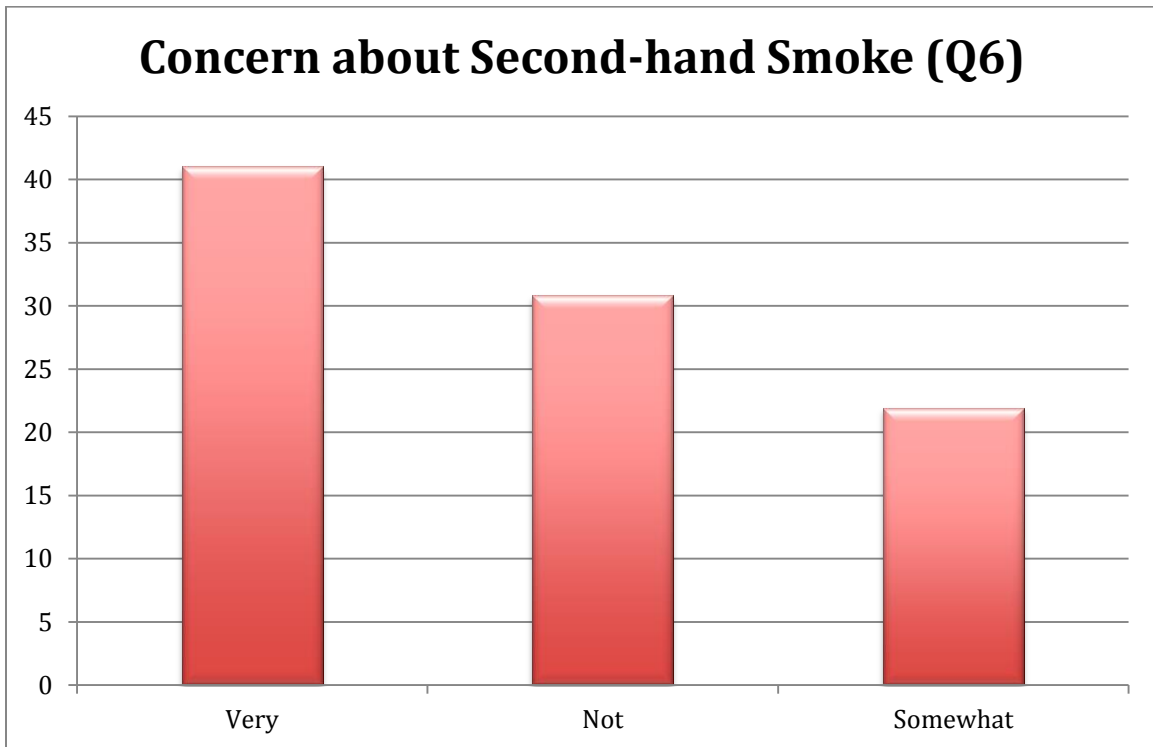


5) What would be the best hours of operation for a health center located in this community?



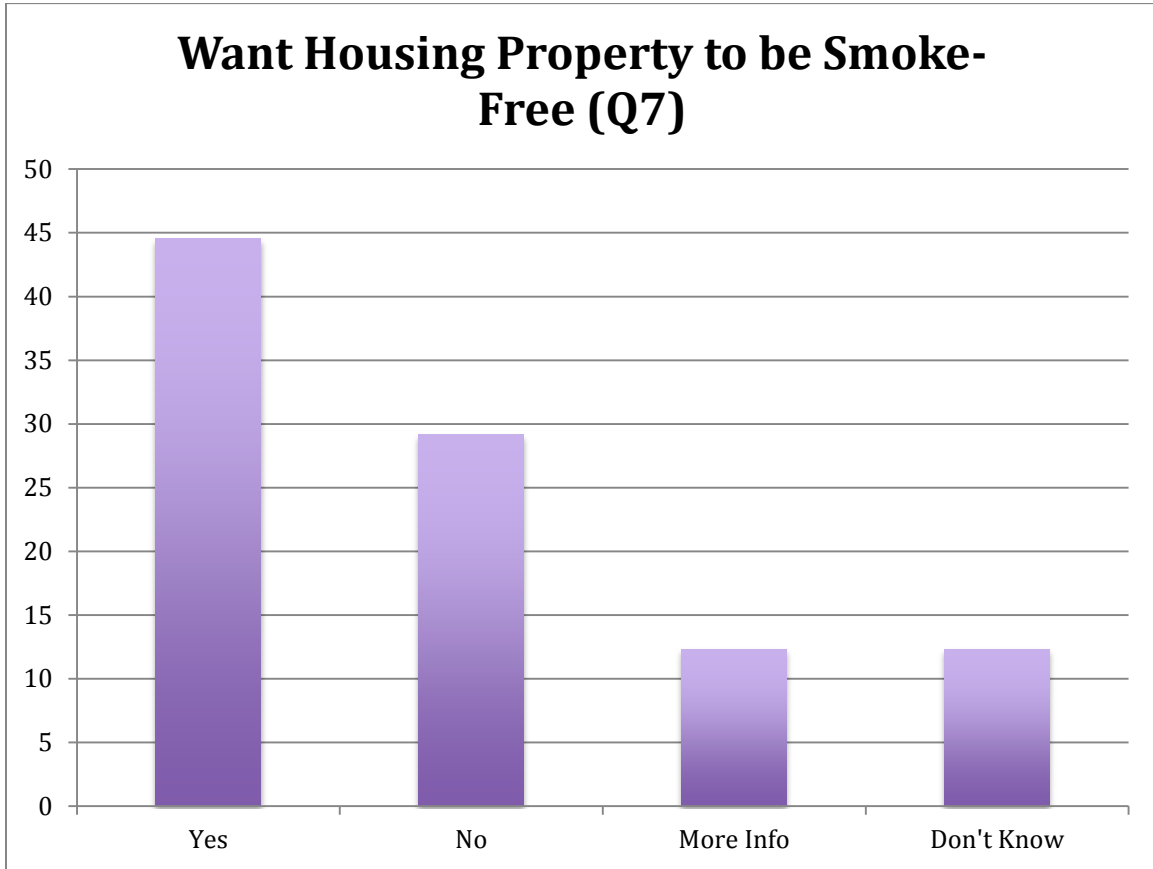
6) Are you concerned about second-hand smoke in your building or apartment?

- Very concerned
- Somewhat concerned
- Not concerned



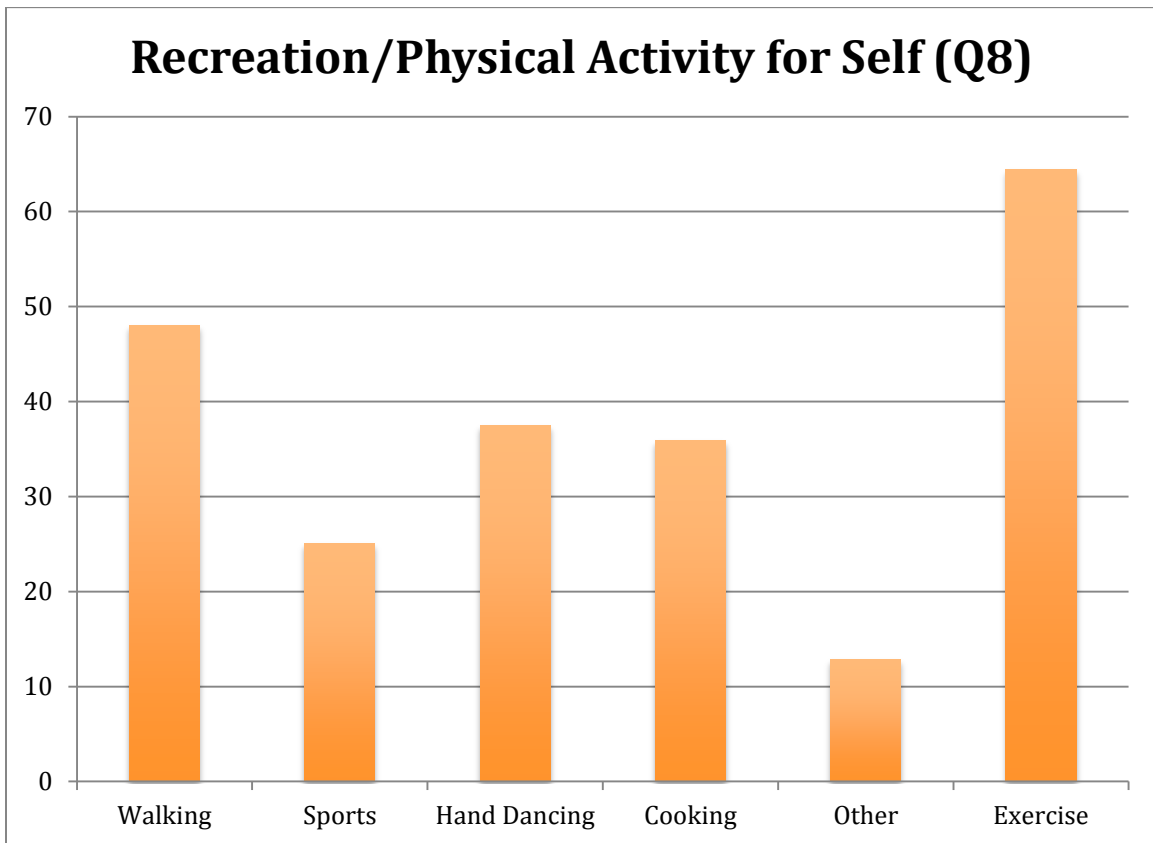
7) Would you like your housing property to become non-smoking?

- Yes
- No
- I don't know
- I would like more information



8) What types of recreation/physical activities would you like to see in your community for yourself?

- Walking clubs
- Sports
- Hand-dancing
- Exercise classes
- Cooking classes
- Other \_\_\_\_\_



9) What types of recreation/physical activities would you like to see in your community for your family?

- Walking clubs
- Sports
- Hand-dancing
- Exercise classes
- Cooking classes
- Other \_\_\_\_\_

