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

**Most Important Community Health Issues (Q1)**

<table>
<thead>
<tr>
<th>Issue</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Safety</td>
<td>50</td>
</tr>
<tr>
<td>Condition of Housing</td>
<td>40</td>
</tr>
<tr>
<td>Health Care</td>
<td>30</td>
</tr>
<tr>
<td>Violence</td>
<td>20</td>
</tr>
<tr>
<td>Healthy Foods</td>
<td>15</td>
</tr>
<tr>
<td>Recreation</td>
<td>25</td>
</tr>
<tr>
<td>Hunger</td>
<td>10</td>
</tr>
<tr>
<td>Concerns about Clean Air and...</td>
<td>0</td>
</tr>
<tr>
<td>Number of Liquor Stores</td>
<td>0</td>
</tr>
</tbody>
</table>
2) What are the most important health issues and concerns for you and your family?

- Alcohol & Drug Abuse
- Arthritis
- Brain Injury
- Cold & Flu
- Dental/Oral Health Care
- Eye Care
- High Cholesterol
- Infant and Child Health
- Mental Health
- Pregnancy Care
- Stress

Other

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

![Most Important Health Issues (Q2) Graph](image-url)
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__________________________

![When in Serious Medical Need (Q3)](chart)

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

![Best Location for Health Center(Q4)](chart)
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

Want Housing Property to be Smoke-Free (Q7)
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 ________________________________

![Bar chart showing the preferences for recreation/physical activities for self (Q8)]
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 ________________________________