

Alta Healthcare District

Heath Needs Survey

What follows is a survey to be filled out by as many residents living in the Alta Healthcare District as possible. The Board of the District will use this survey to help decide what type of programs to fund to have the biggest impact on the overall quality of health in the District. Please take a few minutes to fill this out and submit it. All responses are anonymous. Thank you!

Age: _____ Sex: _____ Height _____ Weight _____

1. Do you smoke? _____

2. How would you describe your general physical health?:

Excellent ____ Very Good ____ Average ____ Fair ____ Poor ____

3. How would you describe you general mental health?

Excellent ____ Very Good ____ Average ____ Fair ____ Poor ____

4. How would you describe your hearing?

Excellent ____ Very Good ____ Average ____ Fair ____ Poor ____

5. How would you describe your eyesight?

Excellent ____ Very Good ____ Average ____ Fair ____ Poor ____

6. Do you suffer from any diagnosed medical/mental conditions? Yes ____ No ____

If so, what are they? _____

7. When was the last time you visited a medical doctor? _____

8. When was the last time you visited a dentist? _____

9. When was the last time you visited an eye doctor? _____

10. Have you ever had a physical in a doctor's office? _____

11. How often do you exercise each week? _____ For how long on average? _____

12. How many hours of sleep do you average a night? _____

13. How would you describe your diet?

Excellent ____ Very Good ____ Average ____ Fair ____ Poor ____

14. In a normal year how many days are you off work or school due to illness? _____

15. Do you feel you have access to information on good nutrition? _____

16. Do you ever look at the nutritional information on food packages? _____

17. How many restaurant/fast food meals do you eat a month? _____

18. Do you have a problem with:

Anger ____ Depression ____ Memory ____ Drugs ____ Alcohol ____ Fatigue ____ Weight Management ____

19. How would you describe the stress level in your life normally?

Extreme ____ High ____ Occasionally Stressful ____ Usually Calm ____ Peaceful ____

20. Do you have any allergies? ____ If so, to what? _____

21. What services or programs could be offered in your community that would improve your physical or mental health?

22. What is the biggest healthcare need in your community?

