



Hoke County Community Health Opinion Survey
We are listening!

Please take a minute to complete the survey below. The purpose of this survey is to get your opinions about community health problems in Hoke County. The Hoke County Health Department and the Hoke County Public Health Advisory Council will use the results from this survey and other information to identify the most pressing problems which can be addressed through community action. If you have previously completed a survey, please ignore this. Remember... your opinion is important! Thank you and if you have any questions, please contact us (see contact information on back).

1. In the following list, what do you think are **the three most important factors for a “Healthy Community?”** (Those factors which most improve the quality of life in a community.)

Check only three (3):

| | |
|---|--|
| <input type="checkbox"/> Good place to raise children | <input type="checkbox"/> Access to health care (e.g., family doctor) |
| <input type="checkbox"/> Low crime / safe neighborhoods | <input type="checkbox"/> Parks and recreation |
| <input type="checkbox"/> Low level of child abuse | <input type="checkbox"/> Clean environment |
| <input type="checkbox"/> Good schools | <input type="checkbox"/> Affordable housing |
| <input type="checkbox"/> Arts and cultural events | <input type="checkbox"/> Excellent race relations |
| <input type="checkbox"/> Good jobs and healthy economy | <input type="checkbox"/> Strong family life |
| <input type="checkbox"/> Healthy behaviors and lifestyles | <input type="checkbox"/> Low adult death and disease rates |
| <input type="checkbox"/> Low infant deaths | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Religious or spiritual values | |

2. In the following list, what do you think are the **three most important “health problems” in our community?** (Those problems which have the greatest impact on overall community health.)

Check only three (3):

| | | |
|---|--|---|
| <input type="checkbox"/> Aging problems(e.g., arthritis, hearing/vision loss, etc.) | <input type="checkbox"/> Cancers | <input type="checkbox"/> Child abuse / neglect |
| <input type="checkbox"/> Dental problems | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Firearm-related injuries | <input type="checkbox"/> Heart disease and stroke | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Infant Death | <input type="checkbox"/> HIV / AIDS | <input type="checkbox"/> Homicide |
| <input type="checkbox"/> Motor vehicle crash injuries | <input type="checkbox"/> Infectious Diseases (e.g., hepatitis, TB, etc.) | <input type="checkbox"/> Mental health problems |
| <input type="checkbox"/> Respiratory / lung disease | <input type="checkbox"/> Sexually Transmitted (STDs) Diseases | <input type="checkbox"/> Rape / sexual assault |
| <input type="checkbox"/> Teenage pregnancy | | <input type="checkbox"/> Suicide |
| | | <input type="checkbox"/> Other _____ |

3. In the following list, what do you think are **the three most important “risky behaviors”** in our community? (Those behaviors which have the greatest impact on overall community health.)

Check only three (3):

| | |
|---|---|
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Being overweight |
| <input type="checkbox"/> Dropping out of school | <input type="checkbox"/> Drug abuse |
| <input type="checkbox"/> Lack of exercise | <input type="checkbox"/> Poor eating habits |
| <input type="checkbox"/> Not getting “shots” to prevent disease | <input type="checkbox"/> Racism |
| <input type="checkbox"/> Tobacco use | <input type="checkbox"/> Not using birth control |
| <input type="checkbox"/> Not using seat belts / child safety seats | <input type="checkbox"/> Unsafe sex |
| <input type="checkbox"/> Not having smoke detectors/carbon monoxide detectors in the home | <input type="checkbox"/> Not having a family disaster preparedness plan |
| <input type="checkbox"/> Not having family pets vaccinated against Rabies | <input type="checkbox"/> Other _____ |

4. How would you rate our community as a **“Healthy Community?”**
 Very unhealthy Unhealthy Somewhat healthy Healthy Very healthy

5. How would rate your own personal health?
 Very unhealthy Unhealthy Somewhat healthy Healthy Very healthy

6. In the past 6 months did you have problems filling a **medically necessary prescription?** Yes No

7. How do you pay for your health care? (Check all that apply)

- Pay cash (no insurance)
- Medicaid
- Veterans' Administration
- Tri Care
- Health insurance (e.g., private insurance, Blue Shield, HMO)
- Medicare
- Indian Health Services
- Other _____

8. Where do you seek health care most often? Check up to two (label: 1 & 2):

- Primary Care Provider
- Urgent Care Clinic
- Emergency Room
- Local Health Clinic
- Specialist
- Drug/Grocery Store Clinic
- Chiropractor
- Hoke County Health Department
- Other _____

9. When was your last preventative health exam?

- In the last year
- In the last 2-5 years
- Over 5 years ago

10. When was your last preventative dental health checkup?

- In the last year
- In the last 2-5 years
- Over 5 years ago

*If you answered **"In the last 2-5 years"** you have not had a preventive health exam; why? _____

11. How many times per week do you engage in physical activity? ___0-1days ___2-3 days ___4-5 days ___6-7 days

*If you said yes, how many minutes/hours would you say you exercise per week? ___ Hours ___ Minutes

12. How many times per week do you eat "Fast Foods" or eat out? ___0-1days ___2-3 days ___4-5 days ___6-7 days

*How many cups of Fruits and vegetables would you say you eat per week? Number of cups of fruit ___ of vegetables ___

13. Do you smoke? ___Yes ___No If you said yes, how many cigarettes do you smoke a day? _____ Cigarettes per day?

*****Please answer questions #14-20 so we can see how different types of people feel about local health issues.**

14. Age:

- 18 – 25; 26 – 39; 40 – 54; 55 – 64; 65 or over

15. Sex: ___ Male ___ Female

16. Marital Status: ___ Married ___ Not married

17. Education:

- Less than high school
- High school diploma or GED
- College degree or higher
- Other _____

18. Household income:

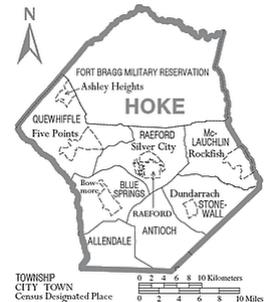
- Less than \$14,999
- \$15,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- Over \$75,000

19. Ethnic group you most identify with:

- African American / Black
- Asian / Pacific Islander
- Hispanic / Latino
- Native American
- White / Caucasian
- Other _____

20. Which township do you reside?

- Raeford
- Quewhffle
- McLauchlin
- Antioch
- Allendale
- Stone Wall
- Blue Springs
- Other _____



Thank you very much for your response!

Please return completed surveys to the address below or go online to complete at: <http://www.hokecounty.net/>.

If you would like more information about this community project, please contact us at the number below:

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