2025 Community Health Survey

We want to improve the health services we offer to people who live in your neighborhood. The information you give us will be used to improve health services for people like yourself.

Completing the survey is voluntary. We will keep your answers private. If you are not comfortable answering a question, leave it blank.

We value your input. Thank you very much for your help.

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1 **Are you 18 years of age or older?**

- ○ Yes
- ○ No → Thank you very much, but we are only asking this survey of people who are ages 18 and older.

2 **We want people from all different neighborhoods to take part in this survey. Please tell us the zip code where you live so we can identify your neighborhood.**

Zip code: _____

IF YOU PROVIDED A ZIP CODE, PLEASE GO TO QUESTION 6. YOU DO NOT NEED TO ANSWER THESE QUESTIONS.

3 **Do you live in New York City?**

- ○ Yes
- ○ No → Skip to 5

4 **If you live in New York City, please select the borough where you live:**

- ○ The Bronx → Go on to page 3
- ○ Brooklyn → Go on to page 3
- ○ Manhattan → Go on to page 3
- ○ Queens → Go on to page 3
- ○ Staten Island → Go on to page 3
- ○ I do not live in New York City → Answer 5

5 **If you do not live in New York City, please tell us the county where you live:**

- ○ Albany County
- ○ Allegany County
- ○ Broome County
- ○ Cattaraugus County
- ○ Cayuga County
- ○ Chautauqua County
- ○ Chemung County
- ○ Chenango County
- ○ Clinton County
- ○ Columbia County
- ○ Cortland County
- ○ Delaware County
- ○ Dutchess County
- ○ Erie County
- ○ Essex County
- ○ Franklin County
- ○ Fulton County
- ○ Genesee County
- ○ Greene County
- ○ Hamilton County
- ○ Herkimer County
- ○ Jefferson County
- ○ Madison County
- ○ Monroe County
- ○ Montgomery County
- ○ Nassau County
- ○ Niagara County
- ○ Oneida County
- ○ Onondaga County
- ○ Ontario County
- ○ Orange County
- ○ Orleans County
- ○ Oswego County
- ○ Otsego County
- ○ Putnam County
- ○ Rensselaer County
- ○ Rockland County
- ○ Saratoga County
- ○ Schenectady County
- ○ Schoharie County
- ○ Schuyler County
- ○ Seneca County
- ○ St. Lawrence County
- ○ Steuben County
- ○ Tioga County
- ○ Tompkins County
- ○ Ulster County
- ○ Warren County
- ○ Washington County
- ○ Wayne County
- ○ Westchester County
- ○ Wyoming County
- ○ Yates County

- ○ Other_____

- ○ Lewis County
- ○ Livingston County
- ○ Suffolk County
- ○ Sullivan County

Health Status

6 **In general, how is the overall health of the people of your neighborhood?**

- ○ Poor
- ○ Fair
- ○ Good
- ○ Very good
- ○ Excellent

7 **In general, how is your physical health?**

- ○ Poor
- ○ Fair
- ○ Good
- ○ Very good
- ○ Excellent

8 **In general, how is your mental health?**

- ○ Poor
- ○ Fair
- ○ Good
- ○ Very good
- ○ Excellent

9 **For each of the following, please tell us: How important is each of the following to you and how satisfied are you with the current services in your neighborhood to address each issue?**

	How important is this issue to you?						How satisfied are you with current services?					
	Don't know	Not at all	A little	Somewhat	Very	Extremely	Don't know	Not at all	A little	Somewhat	Very	Extremely
1 Access to continuing education and job training programs	○	○	○	○	○	○	○	○	○	○	○	○
2 Access to healthy/nutritious foods	○	○	○	○	○	○	○	○	○	○	○	○
3 Adolescent and child health	○	○	○	○	○	○	○	○	○	○	○	○
4 Affordable housing and homelessness prevention	○	○	○	○	○	○	○	○	○	○	○	○
5 Arthritis/disease of the joints	○	○	○	○	○	○	○	○	○	○	○	○
6 Assistance with basic needs like food, shelter, and clothing	○	○	○	○	○	○	○	○	○	○	○	○
7 Asthma, breathing issues, and lung disease	○	○	○	○	○	○	○	○	○	○	○	○
8 Cancer	○	○	○	○	○	○	○	○	○	○	○	○
9 Cigarette smoking/tobacco use/vaping/ e-cigarettes/hookah	○	○	○	○	○	○	○	○	○	○	○	○
10 Infectious diseases (COVID-19, flu, hepatitis)	○	○	○	○	○	○	○	○	○	○	○	○
11 Dental care	○	○	○	○	○	○	○	○	○	○	○	○
12 Diabetes and high blood sugar	○	○	○	○	○	○	○	○	○	○	○	○
13 Heart disease	○	○	○	○	○	○	○	○	○	○	○	○
14 Hepatitis C/liver disease	○	○	○	○	○	○	○	○	○	○	○	○
15 High blood pressure	○	○	○	○	○	○	○	○	○	○	○	○
16 HIV/AIDS (Acquired Immune Deficiency Syndrome)	○	○	○	○	○	○	○	○	○	○	○	○
17 Infant health	○	○	○	○	○	○	○	○	○	○	○	○
18 Job placement and employment support	○	○	○	○	○	○	○	○	○	○	○	○
19 Mental health disorders (such as depression)	○	○	○	○	○	○	○	○	○	○	○	○
20 Obesity in children and adults	○	○	○	○	○	○	○	○	○	○	○	○
21 School health and wellness programs	○	○	○	○	○	○	○	○	○	○	○	○
22 Sexually Transmitted Infections (STIs)	○	○	○	○	○	○	○	○	○	○	○	○
23 Stopping falls among elderly	○	○	○	○	○	○	○	○	○	○	○	○
24 Substance use disorder/ addiction (including alcohol use disorder)	○	○	○	○	○	○	○	○	○	○	○	○
25 Violence (including gun violence)	○	○	○	○	○	○	○	○	○	○	○	○
26 Women's and maternal health care	○	○	○	○	○	○	○	○	○	○	○	○

Long-term COVID Effects

10 **Have you ever tested positive for COVID-19 (using a rapid point-of-care test, self-test, or laboratory test) or been told by a doctor or other health care provider that you have or had COVID-19?**

- ○ Yes
- ○ No [Skip to question 13]

11 **Do you currently have symptoms lasting 3 months or longer that you did not have prior to having coronavirus or COVID-19?**

- ○ Yes
- ○ No [Skip to question 13]

12 **Do these long-term symptoms reduce your ability to carry out day-to-day activities compared with the time before you had COVID-19?**

- ○ Yes, a lot
- ○ Yes, a little
- ○ Not at all

Social Determinants of Health

13 **During the past 12 months, have you received food stamps, also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card?**

- ○ Yes
- ○ No

14 **During the past 12 months how often did the food that you bought not last, and you didn't have money to get more?**

- ○ Always
- ○ Usually
- ○ Sometimes
- ○ Rarely
- ○ Never

15 **During the last 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills?**

- ○ Yes
- ○ No

Health Care Access

16 **What is the current source of your primary health insurance (the one you use most often)?**

- ○ A plan purchased through an employer or union (including plans purchased through another person's employer)
- ○ A private nongovernmental plan that you or another family member buys on your own
- ○ Medicare
- ○ Medigap
- ○ Medicaid
- ○ Children's Health Insurance Program (CHIP)
- ○ Military related health care: TRICARE (CHAMPUS) /VA health care /CHAMP-VA
- ○ Indian Health Services
- ○ State sponsored health plan
- ○ Other government program
- ○ No coverage of any type

Demographic Information

17 **What is your race and/or ethnicity? (Select all that apply)**

- ☐ American Indian or Alaska Native
  - ○ For example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.
- ☐ Asian
  - ○ For example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.
- ☐ Black or African American
  - ○ For example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.
- ☐ Hispanic or Latino
  - ○ For example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.
- ☐ Middle Eastern or North African
  - ○ For example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.
- ☐ Native Hawaiian or Pacific Islander
  - ○ For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.
- ☐ White
  - ○ For example, English, German, Irish, Italian, Polish, Scottish, etc.

18 **Do you speak a language other than English at home?**

- ○ Yes
- ○ No [Skip to question 21]

19 **What is this language? (Select all that apply)**

- ☐ Spanish
- ☐ Arabic
- ☐ Bengali
- ☐ Burmese
- ☐ Chinese
- ☐ French
- ☐ Haitian Creole
- ☐ Hindi
- ☐ Italian
- ☐ Japanese
- ☐ Korean
- ☐ Nepali
- ☐ Polish
- ☐ Russian
- ☐ Urdu
- ☐ Yiddish
- ☐ Other

20 **How well do you speak English?**

- ○ Very well
- ○ Well
- ○ Not well
- ○ Not at all

21 **Which of the following best represents how you think of yourself?**

- ○ Gay or lesbian
- ○ Straight, that is not gay or lesbian
- ○ Bisexual
- ○ I use a different term

22 **How do you currently describe yourself? (Select all that apply)**

- ☐ Woman
- ☐ Man
- ☐ Non-binary
- ☐ I use a different term

23 **Are you transgender?**

- ○ Yes
- ○ No

24 **What is your age?**

- ○ 18 - 24
- ○ 25 - 34
- ○ 35 - 44
- ○ 45 - 54
- ○ 55 - 64
- ○ 65 - 74
- ○ 75+

25 **What is the highest grade or year of school that you have completed?**

- ○ Grades 8 (Elementary) or less
- ○ Grades 9 through 11 (Some High School)
- ○ Grade 12 or GED (High School Graduate)
- ○ College 1 year to 3 years (Some college or technical school)
- ○ College 4 years or more (College graduate)

26 **Including yourself, how many people usually live or stay in your home or apartment?**

_____ person(s)

27 **Are you currently…?.**

- ○ Employed for wages
- ○ Self-employed
- ○ Out of work for 1 year or more
- ○ Out of work for less than 1 year
- ○ A homemaker
- ○ A student
- ○ Retired
- ○ Unable to work

28 **What is your household's annual household income from all sources, before taxes, in the last year?** By household income we mean the combined income from everyone living in the household including even roommates or those on disability income.

- ○ Less than $20,000
- ○ $20,000 to $24,999
- ○ $25,000 to $34,999
- ○ $35,000 to $49,999
- ○ $50,000 to $74,999
- ○ $75,000 to $99,999
- ○ $100,000 to $149,999

- ○ $150,000 to $199,999
- ○ $200,000 or more

This is the end of the survey. Thank you very much for your help.