Library Survey

1. How would you describe your overall health?

\_\_\_ Poor

\_\_\_Fair

\_\_\_Good

\_\_\_Very

\_\_\_ Good

\_\_\_Excellent

2. Where do you go for routine healthcare?

\_\_\_ I do not receive routine healthcare

\_\_\_Clinic in grocery or drug store

\_\_\_Urgent care clinic

\_\_\_Emergency room

\_\_\_Health department

\_\_\_Physician's office

3. Are you able to see a health care provider (doctor, nurse, dentist) when you need care?

\_\_\_ Yes

\_\_\_ No

4. If not, please choose all that apply.

\_\_\_No appointment available

\_\_\_Cannot afford it

\_\_\_Cannot take time off from work

\_\_\_No transportation

\_\_\_No health care provider in my community can treat my condition

\_\_\_Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. What kind of health insurance do you have (please choose all that apply)?

\_\_\_Medicare

\_\_\_Medicaid

\_\_\_Private Insurance through Employer (e.g. Blue Cross, Anthem, Aetna)

\_\_\_Private Insurance (Self-Paid)

\_\_\_No Healthcare Coverage

\_\_\_Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Please select the top 3 health challenges you face.

\_\_\_Cancer

\_\_\_Diabetes

\_\_\_Overweight/Obesity

\_\_\_Lung disease (e.g. asthma, COPD)

\_\_\_High blood pressure

\_\_\_Stroke

\_\_\_Heart disease

\_\_\_Joint pain or back pain

\_\_\_Mental health issues

\_\_\_Alcohol dependence

\_\_\_Drug addiction

\_\_\_I do not have any health challenges

7. What health resources would you utilize at your local library (please choose all that apply)?

\_\_\_On-line health resource center (library website-based)

\_\_\_Health resource center (health literature section of library)

\_\_\_Basic health screenings provided by public health nurse (blood pressure, height & weight, diabetes screening)

\_\_\_Community health connection center (helps citizens connect to health resources within the community)

\_\_\_Classes on common health topics (diabetes, high blood pressure, cancer)

\_\_\_Walk-in basic health services provided by a public health nurses

\_\_\_DVDs on health topics

\_\_\_Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. What health information would be most helpful for the library to provide (please choose all that would apply)?

\_\_\_Diabetes resources

\_\_\_Heart disease resources

\_\_\_Stroke resources

\_\_\_High blood pressure resources

\_\_\_Nutrition and healthy eating resources

\_\_\_Physical activity resources

\_\_\_Cancer resources

\_\_\_Teen health resources

\_\_\_Sexual health resources

\_\_\_Elder-care and caregiver support resources

\_\_\_Alcohol and drug addiction resources

\_\_\_Mental health resources

\_\_\_Immunization resources

\_\_\_Baby care resources

9. What is your gender?

\_\_\_Male

\_\_\_Female

10. Which Portsmouth library branch do you visit most frequently?

\_\_\_Churchland

\_\_\_Craddock

\_\_\_Main

\_\_\_Manor

11. In what ZIP code is your home located? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. What is your age?

\_\_\_17 and under

\_\_\_18 to 24

\_\_\_25 to 34

\_\_\_35 to 44

\_\_\_45 to 54

\_\_\_55 to 64

\_\_\_65 to 74

\_\_\_75 or older

13. What is your race? Please choose one or more.

\_\_\_White

\_\_\_Black or African-American

\_\_\_Asian

\_\_\_Native Hawaiian or other Pacific Islander

\_\_\_American Indian or Alaska Native

\_\_\_Other (please specify)

14. Which of the following categories best describes your employment status?

\_\_\_Employed, working 1-39 hours per week

\_\_\_Employed, working 40 or more hours per week

\_\_\_Not employed, looking for work

\_\_\_Not employed, NOT looking for work

\_\_\_Homemaker

\_\_\_Student

\_\_\_Retired

\_\_\_Disabled, not able to work

15. What is the highest level of school you have completed or the highest degree you have received?

\_\_\_ Less than high school degree

\_\_\_High school degree or equivalent (e.g., GED)

\_\_\_Some college but no degree

\_\_\_Associate degree

\_\_\_Bachelor degree

\_\_\_Graduate degree

16. What can Portsmouth Public Library and Portsmouth Health Department do to better meet your health needs and the healthcare needs of the community?

17. Do you have anything else you would like to tell us about the health of you and your family or your community?