

Date: \_\_\_\_\_

Completed on-line, Other \_\_\_\_\_



### Community Health Survey

*Your feedback is very important in helping us to plan future programs that best meet your needs.  
Any personal information you share will be kept confidential.*

Age: \_\_\_\_\_ City/Town you are from: \_\_\_\_\_ Number of people in your household: \_\_\_\_\_

Do you have a primary care physician? Yes No      Do you need help to choose one? Yes No

Where do you receive regular healthcare services? \_\_\_\_\_ Emergency services? \_\_\_\_\_

Are there issues that keep you or your family from seeking healthcare? Please circle all that apply.

- Lack of Health Insurance      Large co-payments      Medical Debt      Disability Transportation
- Understanding the language spoken      Hours of operation      Other \_\_\_\_\_

What are your top three health concerns? \_\_\_\_\_

What could Hallmark Health do to help you or your family receive better health care?  
\_\_\_\_\_

Do you have any comments for us? \_\_\_\_\_

### Please Circle All That Apply

<b>What is your ethnicity?</b>	<b>What is your gender?</b>	<b>What is your income range?</b>
Hispanic	Male	0-\$25,000
Non-Hispanic	Female	\$26,000 to \$35,000
		\$35,000 to \$50,000
		\$50,000 to \$70,000
		\$70,000 +

<b>What language(s) Do you speak at home?</b>	<b>What is your race?</b>	<b>What is the highest level of education you've reached?</b>
English	American Indian	_____
Spanish	Asian	
Portuguese	Black	
Vietnamese	Native American or Pacific Islander	
Italian	White	
Haitian Creole	Other	
Cantonese		<b>How would you rate your current health status?</b>
Mandarin		Excellent      Fair
Other: _____		Good      Poor

### Optional Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Please return to Hallmark Health Community Services  
239 Commercial Street, Malden, MA 02148 (781) 338-7552

Thank You!