Hallmark Health System Community Health Survey

Thank you for completing the Hallmark Health System Community Health Survey. Your input is very important to us so we can learn about the people who live and work in the communities that Hallmark Health serves. We will use your feedback to help us plan future programs that best meet the needs of the community.

Please answer the following questions as best as you can. Your answers are anonymous, so please do not put your name on this survey. Completing this survey is voluntary. If there are any questions you don't want to answer, you can leave them blank.

1) A) In what town do you live?

- ❑ Everett
- ❑ Lynnfield
- ❑ Malden
- ❑ Medford
- ❑ Melrose
- ❑ North Reading
- ❑ Reading
- ❑ Revere
- ❑ Saugus
- ❑ Stoneham
- ❑ Wakefield
- ❑ Winthrop
- ❑ Other (where): ____________________

B) In what town do you work?

- ❑ Everett
- ❑ Lynnfield
- ❑ Malden
- ❑ Medford
- ❑ Melrose
- ❑ North Reading
- ❑ Reading
- ❑ Revere
- ❑ Saugus
- ❑ Stoneham
- ❑ Wakefield
- ❑ Winthrop
- ❑ Other (where): ____________________

2) What is your gender?

- ❑ Male
- ❑ Female
- ❑ Transgender

3) What is your age?

- ❑ 18 or younger
- ❑ 19-29
- ❑ 30-39
- ❑ 40-49
- ❑ 50-59
- ❑ 60-69
- ❑ 70-79
- ❑ 80 or older

4) What is your race? *Please check all that apply.*

- ❑ American Indian/Native American
- ❑ Asian/Pacific Islander
- ❑ Black/African American
- ❑ Hispanic/Latino
- ❑ White
- ❑ Other (please explain): _______________

5) What are the main languages you speak at home? *Please check all that apply.*

- ❑ English
- ❑ Arabic
- ❑ Chinese (*If Chinese, which dialect?)*
  - ❑ Cantonese
  - ❑ Mandarin
  - ❑ Other Chinese dialect (*which?*_________________)
- ❑ French
- ❑ Haitian Creole
- ❑ Italian
- ❑ Portuguese
- ❑ Spanish
- ❑ Vietnamese
- ❑ Other (please explain): ________________

6) In what language do you prefer to receive your healthcare services? *Please check one.*

- ❑ English
- ❑ Arabic
- ❑ Chinese (*If Chinese, which dialect?)*
  - ❑ Cantonese
  - ❑ Mandarin
  - ❑ Other Chinese dialect (*which?*________________)
- ❑ French
- ❑ Haitian Creole
- ❑ Italian
- ❑ Portuguese
- ❑ Spanish
- ❑ Vietnamese
- ❑ Other (please explain):________________

7) A) Have you lived in the US all of your life?

- ❑ Yes
- ❑ No

B) If no, how long have you lived in the US?

- ❑ 1 year or less
- ❑ 2-5 years
- ❑ 6-10 years
- ❑ More than 10 years

8) What is your annual household income?

- ❑ Less than $10,000
- ❑ $10,000 to $19,999
- ❑ $20,000 to $29,999
- ❑ $30,000 to $39,999
- ❑ $40,000 to $49,999
- ❑ $50,000 to $59,999
- ❑ $60,000 to $79,999
- ❑ $80,000 to $99,999
- ❑ $100,000 or more

9) How many people live in your household (including yourself)?

_______ children (0-18 year olds)

_______ adults (19-64 year olds)

_______ seniors (65+ year olds)

10) What is the highest level of school you completed?

- ❑ 8th grade or less
- ❑ High school/ secondary school
- ❑ College or professional school
- ❑ Post-graduate degree
- ❑ Other (please explain): ______________________________________

11) What is your current employment status? *Please check all that apply.*

- ❑ Employed full-time
- ❑ Employed part-time
- ❑ Self-employed
- ❑ Unemployed
- ❑ Retired
- ❑ Student
- ❑ Other (please explain): _______________

12) How would you rate your overall health?

- ❑ Excellent
- ❑ Very Good
- ❑ Good
- ❑ Fair
- ❑ Poor

13) A) Do you have one person you think of as your personal doctor or health care provider?

- ❑ Yes
- ❑ No
- ❑ Not sure

B) If yes, where do you receive your primary health care?

- ❑ Beth Israel Deaconess Medical Center
- ❑ Beverly Hospital
- ❑ Brigham and Women's Hospital
- ❑ Cambridge Health Alliance
- ❑ Harvard Vanguard Medical Associates
- ❑ Lahey Clinic Medical Center, Burlington
- ❑ Lahey Clinic Medical Center, North Shore
- ❑ Lawrence Memorial Hospital - Hallmark Health
- ❑ Lynn Community Health Center
- ❑ Massachusetts General Hospital
- ❑ Melrose-Wakefield Hospital- Hallmark Health
- ❑ Mount Auburn Hospital
- ❑ North Shore Community Health --Peabody Family Health Center
- ❑ Tufts Medical Center
- ❑ Winchester Hospital
- ❑ Other (which health system/clinic?)________________________

14) About how long has it been since you last visited a doctor or other health care provider for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

- ❑ Less than 1 year ago
- ❑ 1-2 years ago
- ❑ 3-4 years ago
- ❑ 5 or more years ago
- ❑ Never
- ❑ Not sure

15) A) Have you gone to the emergency room in the last year?

- ❑ Yes
- ❑ No

B) If yes, where have you gone to the emergency room? *Please check all that apply.*

- ❑ Beth Israel Deaconess Medical Center
- ❑ Beverly Hospital
- ❑ Boston Medical Center
- ❑ Brigham and Women's Hospital
- ❑ The Cambridge Hospital
- ❑ Lahey Clinic Medical Center, Burlington
- ❑ Lahey Clinic Medical Center, North Shore
- ❑ Lawrence Memorial Hospital- Hallmark Health
- ❑ Massachusetts General Hospital
- ❑ Melrose-Wakefield Hospital- Hallmark Health
- ❑ Mount Auburn Hospital
- ❑ Tufts Medical Center
- ❑ Whidden Memorial Hospital
- ❑ Winchester Hospital
- ❑ Other (which hospital?)__________________________

16) A) Do you currently have health insurance/coverage?

- ❑ Yes, and it generally covers my health care needs
- ❑ Yes, but it doesn’t cover my health care needs
- ❑ No

B) If your health insurance doesn't cover your needs, why not? ***Please check all that apply.***

❑ Co-pay too high
❑ Deductible too high
❑ Dental care not covered
❑ Eye/vision care not covered
❑ Prevention services like mammograms and other screenings not covered
❑ Other (please explain): ______________________________

17) A) Was there a time in the past 12 months when you needed to see a doctor, nurse or other health care provider but were not able to see one?

❑ Yes ❑ No

B) If yes, why were you unable to see a doctor, nurse or other health provider? ***Please check all that apply.***

❑ Cost too high
❑ Could not get an appointment
❑ Cultural differences between me and my health provider
❑ Hours the site was open didn't work for me
❑ Language barriers
❑ I don't have insurance
❑ Unable to get there/transportation issues
❑ Was too busy caring for children and/or elders
❑ Other (please explain): ______________

18) On average, how many days per week do you exercise for at least 30 minutes?

❑ None ❑ 1-2 days ❑ 3-4 days ❑ 5 or more days

19) On average, how often do you eat each of the following foods?

	Once a week or less	2-4 times a week	Once a day	2-4 times a day	5 or more times a day
Fruits	❑	❑	❑	❑	❑
Vegetables	❑	❑	❑	❑	❑
Whole Grains (like brown rice or 100% whole wheat bread)	❑	❑	❑	❑	❑

20) How much do you agree or disagree with the following statement?

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
The healthy food choices (including fresh fruits and vegetables, whole grains, etc.) in my community are affordable.	❑	❑	❑	❑

21) If you are 50 or older, have you had a colonoscopy in the last 10 years?

❑ Yes
❑ No
❑ Not sure
❑ I am younger than 50

22) ***For women only:***

A) When was the last time you had a pap smear?

- ❑ Never
- ❑ 1 year ago or less
- ❑ 1-2 years ago
- ❑ 3-5 years ago
- ❑ More than 5 years ago

B) If you are 40 or older, when was the last time you had a mammogram?

- ❑ Never
- ❑ 1 year ago or less
- ❑ 1-2 years ago
- ❑ 3-5 years ago
- ❑ More than 5 years ago
- ❑ I am younger than 40

23) Have you ever been told you had any of the following conditions? If so, check all that apply:

- ❑ Asthma
- ❑ Arthritis
- ❑ Cancer
- ❑ Depression
- ❑ Diabetes
- ❑ Heart disease
- ❑ High blood pressure
- ❑ High cholesterol
- ❑ Overweight
- ❑ Other chronic condition (please explain): ____________________

24) Do you use tobacco?

- ❑ Yes
- ❑ I used to use it but I quit
- ❑ No, I have never used it

25) What do you think are the top health problems in the community where you live? Please pick the top 3.

- ❑ Asthma
- ❑ Cancer
- ❑ Diabetes
- ❑ Heart disease
- ❑ Lung disease
- ❑ Mental health
- ❑ Obesity
- ❑ Stroke
- ❑ Substance abuse
- ❑ Violence/domestic violence
- ❑ Other (please explain): ____________

26) What could Hallmark Health do to help you or your family improve your health?

27) Do you have anything else you would like to tell us about the health of you and your family or your community, or about Hallmark Health? *(Please write on back of survey if needed).*