



Urban Appalachian Community Coalition General Health Survey

Name: _____

Telephone: _____ Email: _____

Neighborhood: _____

City: _____

Demographics

Age:

- ☐ 16-19 years old
- ☐ 20-29 years old
- ☐ 30-59 years old
- ☐ 60+ years old

Sex:

- ☐ Male
- ☐ Female
- ☐ Other

Please select all that apply:

Race:

- ☐ White
- ☐ Black
- ☐ Asian or Pacific Islander
- ☐ Native American
- ☐ Other: _____

Ethnicity:

- ☐ Appalachian
- ☐ Latinx
- ☐ British Isles
- ☐ European
- ☐ Other: _____

Family Income:

- ☐ Less than \$10,000
- ☐ \$10,001-\$25,000
- ☐ \$25,001-\$50,000
- ☐ More than \$50,000



Survey Questions:

Please choose all that apply for questions with squares.

1. Thinking of your family, what are the leading causes of illness?

- | | |
|---|---|
| <input type="checkbox"/> Cold and flu | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Asthma or other respiratory issues | <input type="checkbox"/> ADHD |
| <input type="checkbox"/> Heart problems | <input type="checkbox"/> Depression, anxiety |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Other mental illness |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other: _____ |

2. Thinking of your family, what are the leading causes of death?

- | | |
|---|---|
| <input type="checkbox"/> Cold and flu | <input type="checkbox"/> Depression, anxiety |
| <input type="checkbox"/> Asthma or other respiratory issues | <input type="checkbox"/> Other mental illness |
| <input type="checkbox"/> Heart problems | <input type="checkbox"/> Violence |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Diabetes | |

3. Do you have health insurance?

- ☐ Yes
- ☐ No

If so, what kind?

- ☐ Medicaid
- ☐ Medicare
- ☐ Private Plan
- ☐ Supplemental
- ☐ Other: _____

4. Do you get an annual medical checkup?

- ☐ Yes
- ☐ No



Survey Questions:

Please choose all that apply for questions with squares.

5. Of these services, which are easily available to you?

- ☐ Preventive health care
- ☐ Regular health care
- ☐ Dental health care
- ☐ Mental health care
- ☐ Women's health care
- ☐ None of these

6. Where do you usually go for medical services?

- ☐ Health clinic
- ☐ Hospital emergency room
- ☐ Private doctor's office
- ☐ Urgent care center
- ☐ Hospital outpatient
- ☐ Retail store clinic
- ☐ Other: _____

7. Where do you go for mental health services?

- ☐ Doctor's office
- ☐ Therapist
- ☐ Online services or cellphone app
- ☐ I don't get mental health services
- ☐ Other: _____

8. How would you rate your overall health?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor



Survey Questions:

Please choose all that apply for questions with squares.

9. Do others in your household (those with whom you live) have better or worse health than you?

- ☐ Better
- ☐ Worse
- ☐ Some have better, some have worse
- ☐ We all have similar levels of health

10. If you have problems getting health care for you or your family, what are they?

- ☐ Cost too much
- ☐ Don't have insurance
- ☐ Insurance doesn't cover/pay for treatment
- ☐ Unable to get a referral from a doctor
- ☐ Couldn't get an appointment soon enough
- ☐ The doctor's office hours don't match with my work schedule or personal availability
- ☐ Takes too long to get to the doctor's office
- ☐ Don't have the right transportation to get to the appointment
- ☐ Other: _____

11. If you selected more than one, what was the main reason?
