



Community Survey

(Trumbull County residents only, one per family)

1. Age of person completing survey? _____

2. Are you **Male** **Female**

3. Race of person completing survey?

- ___ White
- ___ Black/African American
- ___ American Indian or Alaska Native
- ___ Asian
- ___ Native Hawaiian or other Pacific Island
- ___ Latino
- ___ Two or more races

4. Are you **Married** **Single**

5. Number of people living in your home? _____

6. Ages of all persons living in home?

- ___ 0-2
- ___ 3-5
- ___ 6-12
- ___ 13-17
- ___ 18 - 29
- ___ 30-39
- ___ 40 - 59
- ___ 60+

7. Is anyone in your household pregnant? **Yes** **No**

8. Fill in city where you live _____ and your zip code: _____.

9. Yearly Household Income

- ___ < \$5,000
- ___ \$5000 - \$10,000
- ___ \$10,000 - \$20,000
- ___ \$20,000 - \$30,000
- ___ \$30,000 - \$40,000
- ___ \$40,000 - \$50,000
- ___ >\$50,000

10. Does your home have working carbon monoxide detectors? **Yes** **No**

11. How many times during the week does your family eat fast food?

- ___ 1
- ___ 2
- ___ 3
- ___ 4
- ___ 5
- ___ 6
- ___ 7
- ___ > 7

12. Where do you receive routine medical care?

	Adult(s)	Child(ren)
Doctor's office	<input type="checkbox"/>	<input type="checkbox"/>
Urgent care center	<input type="checkbox"/>	<input type="checkbox"/>
Emergency room	<input type="checkbox"/>	<input type="checkbox"/>
Health Department Clinic	<input type="checkbox"/>	<input type="checkbox"/>
Warren West Health Center	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

13. Does your family have (check all that apply)?
- | | Adult(s) | Child(ren) |
|--------------------------|--------------------------|--------------------------|
| Private health insurance | <input type="checkbox"/> | <input type="checkbox"/> |
| Medicaid | <input type="checkbox"/> | <input type="checkbox"/> |
| Healthy Start | <input type="checkbox"/> | <input type="checkbox"/> |
| Dental insurance | <input type="checkbox"/> | <input type="checkbox"/> |
| Vision insurance | <input type="checkbox"/> | <input type="checkbox"/> |
| No insurance | <input type="checkbox"/> | <input type="checkbox"/> |

14. Check all services that your family needs but does not have.
- | | Adult | Child(ren) |
|----------------------------------------------|--------------------------|--------------------------|
| Pediatrician | <input type="checkbox"/> | <input type="checkbox"/> |
| Family doctor | <input type="checkbox"/> | <input type="checkbox"/> |
| Obstetrician/Gynecologist | <input type="checkbox"/> | <input type="checkbox"/> |
| Dentist | <input type="checkbox"/> | <input type="checkbox"/> |
| Eye doctor | <input type="checkbox"/> | <input type="checkbox"/> |
| Therapist (speech, physical, occupational) | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental health or drug and alcohol counseling | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (please be specific) _____ | | |

15. Do you feel your family's health needs are being met? Yes No
- If not, check reasons that apply to your family (check all that apply).
- | | |
|-----------------------------------------------|--------------------------|
| No insurance | <input type="checkbox"/> |
| Doctor no longer accepting insurance/Medicaid | <input type="checkbox"/> |
| Cannot find doctor | <input type="checkbox"/> |
| Cost of medical care | <input type="checkbox"/> |
| Transportation problems | <input type="checkbox"/> |
| Language barriers | <input type="checkbox"/> |
| Other (please be specific) _____ | |

Which of the following services do you or your family NEED but do not have at this time?

Check all that apply. If you have additional comments, please write them on the back of the survey.

Health/Nutrition

Service	Need
Birth control	
Sexually transmitted disease testing	
HIV/AIDS testing	
Prenatal care	
Routine baby checkups	
Routine health care for children	
Immunizations for children	
Routine health care for adults	
Breast feeding support	
WIC (Women, Infants, Children nutrition program)	
Mammograms	
Weight control	
Exercise/Nutrition	
Other (please be specific)	

Education

Service	Need
Early childhood education for children birth through 2 years	
Early childhood education for children 3-5 years	
Quality, affordable child care	
Early intervention (before 5) for child with special needs	
Finishing high school	
Learning to read	
Obtaining a GED	
Computer skills for adults	
Developing a resume/job interview skills	
Family living (parenting, money management, cooking, etc.)	
Other (please be specific)	

Mental Health

Service	Need
Treatment for depression	
Treatment for feelings about suicide	
Substance abuse treatment	
Treatment for mental illness	
Anger management counseling	
Relationship/marital counseling	
Crisis counseling	
Rape/sexual assault counseling	
Assistance dealing with family violence	
Other (please be specific)	

Community Services

Service	Need
End of life care	
Elder care	
Assistance with employment	
Assistance with homelessness	
Emergency shelter	
Assistance with adoption	
Rent/mortgage assistance	
Transportation	
Utility assistance	
Food assistance	
Other (please be specific)	

**Would you be interested in a program or workshop on the following topics?
Please check all that apply.**

Service	<input checked="" type="checkbox"/>
Child development information	
Discipline techniques for children	
Discipline techniques for teenagers	
Helping a child be responsible	
Child nutrition	
Helping a child get along with others	
Help with out of control child	
Understanding how parents can help children's school success	
Bullying	
Emergency preparedness	
When to go to the emergency room	
Other (please be specific)	

Would you be willing to participate in a focus group to provide more information to help Trumbull County provide effective assistance to families? Yes No
If yes, please give your name, address, telephone and/or e-mail:

OR contact Margie Alexander @ 330.675-2765, ext. 109 or trumbullfcfc@yahoo.com.

**You may mail the survey to Margie Alexander, Trumbull County Family and Children First Council,
4076 Youngstown Road SE, Suite 201, Warren, Ohio 44484**