

Please scan completed surveys and email to
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Clay County Community Survey

The Florida Department of Health in Clay County needs your help. Please fill out this survey to share your opinions about healthcare and the quality of life in Clay County. Your feedback will help make Clay County a healthier place to live!

1. What is your zip code at home?

2. What is your city/town name?

3. How do you rate your overall health? (choose one)

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ I don't know

4. Choose up to 5 of the items below that you feel are the most important features of a healthy community:

Please select 5 options.

- ☐ Access to churches or other places of worship
 - ☐ Good place to raise kids
 - ☐ Access to healthcare
 - ☐ Good jobs, healthy economy
 - ☐ Access to parks and places to play
 - ☐ Good education
 - ☐ Access to transportation (e.g. bus, taxi)
 - ☐ Low crime rates/safe neighborhoods
 - ☐ Affordable and/or available housing options
 - ☐ Preventative health care (e.g. annual check-ups, screenings, mammograms, vaccinations)
 - ☐ Available arts and cultural events
 - ☐ Quality childcare
 - ☐ Clean and healthy environment
 - ☐ Access to social services
 - ☐ Lack of discrimination
 - ☐ Good place to grow old
 - ☐ Adequate parking/accommodations for persons with disabilities
 - ☐ Other: _____
-

5. Choose up to 5 of the health problems that you feel are the most important in Clay County:

Please select 5 options.

- ☐ Respiratory/lung disease (e.g. COPD, asthma)
 - ☐ Drug Abuse (e.g. alcohol, opioids, drugs, marijuana)
 - ☐ Cancers
 - ☐ Mental health (e.g. depression, suicide, anxiety, stress, etc.)
 - ☐ Infectious diseases (e.g. flu, pneumonia)
 - ☐ Child abuse/neglect
 - ☐ Diabetes
 - ☐ Teenage pregnancy
 - ☐ Heart disease and stroke
 - ☐ Accidental injuries
 - ☐ Unsafe sex/sexually transmitted diseases
 - ☐ Domestic violence
 - ☐ Obesity/overweight
 - ☐ Infant death/premature birth
 - ☐ High blood pressure
 - ☐ Not getting shots/immunizations to prevent disease
 - ☐ Adequate parking/accommodations for persons with disabilities
 - ☐ Lack of access to healthcare
 - ☐ Dental problems
 - ☐ Smoking/tobacco use
 - ☐ Other: _____
-

6. What health care services are difficult to obtain in your community? (check all that apply)

- ☐ Alternative therapy (e.g. herbals, acupuncture)
- ☐ Physical or rehab therapies
- ☐ Ambulance/rescue services
- ☐ Prescriptions/medications/medical supplies
- ☐ Chiropractic care
- ☐ Wellness/nutrition counseling
- ☐ Dental/oral care
- ☐ Primary care (e.g. family doctor or walk-in clinic)
- ☐ Emergency room care
- ☐ Specialty care (e.g. heart doctor)
- ☐ Family planning/birth control
- ☐ Inpatient hospital
- ☐ Vision care
- ☐ Lab work
- ☐ Mental health/counseling
- ☐ X-rays/mammograms
- ☐ OB/pregnancy care
- ☐ Substance abuse services (e.g. drug and alcohol)
- ☐ Other: _____

7. In the past 5 years, which of the following issues have made it difficult or prevented you from getting medical, dental, or mental health services for you or your family? (check all that apply)

- ☐ Problems with transportation (e.g. bus, taxi, etc.)
 - ☐ Lack of evening and weekend services
 - ☐ I can't afford to pay for healthcare
 - ☐ Long wait times for appointments and services
 - ☐ I can't find providers that accept my insurance
 - ☐ I don't know what types of services are available
 - ☐ Healthcare information is not kept private
 - ☐ Can't find health services in my native language
 - ☐ I don't like accepting government assistance
 - ☐ I don't understand the health information my doctor gives me
 - ☐ None - I don't have any barriers to healthcare
 - ☐ Other: _____
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8. Do you feel discriminated against by healthcare providers due to any of the following reasons? (check all that apply)

- ☐ Race/Ethnicity
 - ☐ Gender
 - ☐ Sexual Orientation
 - ☐ Weight
 - ☐ Age
 - ☐ Language
 - ☐ Income
 - ☐ Religion
 - ☐ No, I do not feel discriminated against
 - ☐ Other: _____
-

9. How is your health care covered? (check all that apply)

☐ Health insurance from my job

☐ Health insurance from a family member's job

☐ Health insurance that I pay for on my own

☐ Medicare (any kind)

☐ Medicaid (any kind)

☐ Military or VA benefits

☐ I can't afford any health insurance

☐ Other: _____

10. Your age

☐ under 18

☐ 18 - 25

☐ 26 - 39

☐ 40 - 54

☐ 55 - 64

☐ 65 - 74

☐ 75+

11. Are you...

☐ Male

☐ Female

☐ Transgender

☐ Other: _____

12. Which race/ethnicity do you most identify with? (choose one)
- ☐ Black / African American
 - ☐ Hispanic or Latino(a)
 - ☐ Native American / Alaskan Native
 - ☐ White / Caucasian
 - ☐ Asian or Pacific Islander
 - ☐ Other: _____
13. What is the highest level of education you have completed? (choose one)
- ☐ Elementary / Middle School
 - ☐ High School Diploma or GED
 - ☐ Community College
 - ☐ Technical or Trade School
 - ☐ 4-year College / Bachelor's Degree
 - ☐ Graduate / Advanced Degree
14. What is your current employment status? (choose one)
- ☐ Employed - Full time
 - ☐ Employed - Part time
 - ☐ Student
 - ☐ Stay-at-home parent
 - ☐ Retired
 - ☐ Disabled
 - ☐ Unemployed

15. What is the approximate total income among all earners in your household?
(choose one)

- ☐ Less than \$10,000
- ☐ \$10,000 - \$20,000
- ☐ \$21,000 - \$30,000
- ☐ \$31,000 - \$50,000
- ☐ \$51,000 - \$99,000
- ☐ \$100,000 or more

16. Please list any other comments you have about the health issues in Clay County.

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