

2025 Community Health Survey

We want to improve the health services we offer to people who live in your neighborhood. The information you give us will be used to improve health services for people like yourself.

Completing the survey is voluntary. We will keep your answers private. If you are not comfortable answering a question, leave it blank.

We value your input. Thank you very much for your help.

1 Are you 18 years of age or older?

- ☐ Yes
- ☐ No → Thank you very much, but we are only asking this survey of people who are ages 18 and older.

2 We want people from all different neighborhoods to take part in this survey. Please tell us the zip code where you live so we can identify your neighborhood.

Zip code: _____

IF YOU PROVIDED A ZIP CODE, PLEASE GO TO QUESTION 6. YOU DO NOT NEED TO ANSWER THESE QUESTIONS.

3 Do you live in New York City?

- ☐ Yes
- ☐ No → Skip to 5

4 If you live in New York City, please select the borough where you live:

- ☐ The Bronx → Go on to page 3
- ☐ Brooklyn → Go on to page 3
- ☐ Manhattan → Go on to page 3
- ☐ Queens → Go on to page 3
- ☐ Staten Island → Go on to page 3
- ☐ I do not live in New York City → Answer 5

5 If you do not live in New York City, please tell us the county where you live:

- | | | |
|--|---|--|
| <input type="radio"/> Albany County | <input type="radio"/> Madison County | <input type="radio"/> Tioga County |
| <input type="radio"/> Allegany County | <input type="radio"/> Monroe County | <input type="radio"/> Tompkins County |
| <input type="radio"/> Broome County | <input type="radio"/> Montgomery County | <input type="radio"/> Ulster County |
| <input type="radio"/> Cattaraugus County | <input type="radio"/> Nassau County | <input type="radio"/> Warren County |
| <input type="radio"/> Cayuga County | <input type="radio"/> Niagara County | <input type="radio"/> Washington County |
| <input type="radio"/> Chautauqua County | <input type="radio"/> Oneida County | <input type="radio"/> Wayne County |
| <input type="radio"/> Chemung County | <input type="radio"/> Onondaga County | <input type="radio"/> Westchester County |
| <input type="radio"/> Chenango County | <input type="radio"/> Ontario County | <input type="radio"/> Wyoming County |
| <input type="radio"/> Clinton County | <input type="radio"/> Orange County | <input type="radio"/> Yates County |
| <input type="radio"/> Columbia County | <input type="radio"/> Orleans County | |
| <input type="radio"/> Cortland County | <input type="radio"/> Oswego County | <input type="radio"/> Other _____ |
| <input type="radio"/> Delaware County | <input type="radio"/> Otsego County | |
| <input type="radio"/> Dutchess County | <input type="radio"/> Putnam County | |
| <input type="radio"/> Erie County | <input type="radio"/> Rensselaer County | |
| <input type="radio"/> Essex County | <input type="radio"/> Rockland County | |
| <input type="radio"/> Franklin County | <input type="radio"/> Saratoga County | |
| <input type="radio"/> Fulton County | <input type="radio"/> Schenectady County | |
| <input type="radio"/> Genesee County | <input type="radio"/> Schoharie County | |
| <input type="radio"/> Greene County | <input type="radio"/> Schuyler County | |
| <input type="radio"/> Hamilton County | <input type="radio"/> Seneca County | |
| <input type="radio"/> Herkimer County | <input type="radio"/> St. Lawrence County | |
| <input type="radio"/> Jefferson County | <input type="radio"/> Steuben County | |

- ☐ Lewis County
- ☐ Suffolk County
- ☐ Livingston County
- ☐ Sullivan County

Health Status

6 In general, how is the overall health of the people of your neighborhood?

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

7 In general, how is your physical health?

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

8 In general, how is your mental health?

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

9 For each of the following, please tell us: How important is each of the following to you and how satisfied are you with the current services in your neighborhood to address each issue?

	How important is this issue to you?						How satisfied are you with current services?					
	Not at all	A little	Somewhat	Very	Extremely	Don't know	Not at all	A little	Somewhat	Very	Extremely	Don't know
1 Access to continuing education and job training programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 Access to healthy/nutritious foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Adolescent and child health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 Affordable housing and homelessness prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Arthritis/disease of the joints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Assistance with basic needs like food, shelter, and clothing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 Asthma, breathing issues, and lung disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8 Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9 Cigarette smoking/tobacco use/vaping/e-cigarettes/hookah	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10 Infectious diseases (COVID-19, flu, hepatitis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11 Dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 Diabetes and high blood sugar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Heart disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14 Hepatitis C/liver disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15 High blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16 HIV/AIDS (Acquired Immune Deficiency Syndrome)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17 Infant health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18 Job placement and employment support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19 Mental health disorders (such as depression)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20 Obesity in children and adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21 School health and wellness programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22 Sexually Transmitted Infections (STIs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23 Stopping falls among elderly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24 Substance use disorder/ addiction (including alcohol use disorder)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25 Violence (including gun violence)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26 Women's and maternal health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Long-term COVID Effects

10 Have you ever tested positive for COVID-19 (using a rapid point-of-care test, self-test, or laboratory test) or been told by a doctor or other health care provider that you have or had COVID-19?

- ☐ Yes
- ☐ No [Skip to question 13]

11 Do you currently have symptoms lasting 3 months or longer that you did not have prior to having coronavirus or COVID-19?

- ☐ Yes
- ☐ No [Skip to question 13]

12 Do these long-term symptoms reduce your ability to carry out day-to-day activities compared with the time before you had COVID-19?

- ☐ Yes, a lot
- ☐ Yes, a little
- ☐ Not at all

Social Determinants of Health

13 During the past 12 months, have you received food stamps, also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card?

- ☐ Yes
- ☐ No

14 During the past 12 months how often did the food that you bought not last, and you didn't have money to get more?

- ☐ Always
- ☐ Usually
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

15 During the last 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills?

- ☐ Yes
- ☐ No

Health Care Access

16 What is the current source of your primary health insurance (the one you use most often)?

- ☐ A plan purchased through an employer or union (including plans purchased through another person's employer)
- ☐ A private nongovernmental plan that you or another family member buys on your own
- ☐ Medicare
- ☐ Medigap
- ☐ Medicaid
- ☐ Children's Health Insurance Program (CHIP)
- ☐ Military related health care: TRICARE (CHAMPUS) /VA health care /CHAMP-VA
- ☐ Indian Health Services
- ☐ State sponsored health plan
- ☐ Other government program
- ☐ No coverage of any type

Demographic Information

17 What is your race and/or ethnicity? (Select all that apply)

- ☐ American Indian or Alaska Native
For example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.
- ☐ Asian
For example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.
- ☐ Black or African American
For example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.
- ☐ Hispanic or Latino
For example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.
- ☐ Middle Eastern or North African
For example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.
- ☐ Native Hawaiian or Pacific Islander
For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.
- ☐ White
For example, English, German, Irish, Italian, Polish, Scottish, etc.

18 Do you speak a language other than English at home?

- ☐ Yes
- ☐ No [Skip to question 21]

19 What is this language? (Select all that apply)

- ☐ Spanish
- ☐ Arabic
- ☐ Bengali
- ☐ Burmese
- ☐ Chinese
- ☐ French
- ☐ Haitian Creole
- ☐ Hindi
- ☐ Italian
- ☐ Japanese
- ☐ Korean
- ☐ Nepali
- ☐ Polish
- ☐ Russian
- ☐ Urdu
- ☐ Yiddish
- ☐ Other

20 How well do you speak English?

- ☐ Very well
- ☐ Well
- ☐ Not well
- ☐ Not at all

21 Which of the following best represents how you think of yourself?

- ☐ Gay or lesbian
- ☐ Straight, that is not gay or lesbian
- ☐ Bisexual
- ☐ I use a different term

22 How do you currently describe yourself? (Select all that apply)

- ☐ Woman
- ☐ Man
- ☐ Non-binary
- ☐ I use a different term

23 Are you transgender?

- ☐ Yes
- ☐ No

24 What is your age?

- ☐ 18 - 24
- ☐ 25 - 34
- ☐ 35 - 44
- ☐ 45 - 54
- ☐ 55 - 64
- ☐ 65 - 74
- ☐ 75+

25 What is the highest grade or year of school that you have completed?

- ☐ Grades 8 (Elementary) or less
- ☐ Grades 9 through 11 (Some High School)
- ☐ Grade 12 or GED (High School Graduate)
- ☐ College 1 year to 3 years (Some college or technical school)
- ☐ College 4 years or more (College graduate)

26 Including yourself, how many people usually live or stay in your home or apartment?

_____ person(s)

27 Are you currently...?.

- ☐ Employed for wages
- ☐ Self-employed
- ☐ Out of work for 1 year or more
- ☐ Out of work for less than 1 year
- ☐ A homemaker
- ☐ A student
- ☐ Retired
- ☐ Unable to work

28 What is your household's annual household income from all sources, before taxes, in the last year?

By household income we mean the combined income from everyone living in the household including even roommates or those on disability income.

- ☐ Less than \$20,000
- ☐ \$20,000 to \$24,999
- ☐ \$25,000 to \$34,999
- ☐ \$35,000 to \$49,999
- ☐ \$50,000 to \$74,999
- ☐ \$75,000 to \$99,999
- ☐ \$100,000 to \$149,999

- ☐ \$150,000 to \$199,999
- ☐ \$200,000 or more

This is the end of the survey. Thank you very much for your help.