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	■ Melrose	☐ Saugus	Other (where):		
	☐ Lynnfield	■ North Reading	☐ Stoneham			
	■ Malden	Reading	Wakefield			
	☐ Medford	☐ Revere	☐ Winthrop			
	B) In what town do you	work?				
	☐ Everett	■ Melrose	■ Saugus	Other (where):		
	Lynnfield	■ North Reading	Stoneham			
	■ Malden	Reading	Wakefield			
	☐ Medford	☐ Revere	☐ Winthrop			
2)	What is your gender?					
	☐ Male	☐ Female	☐ Transgender			
3)	What is your age?					
	☐ 18 or younger	40-49	1 70-79			
	1 9-29	50-59	80 or older			
	3 0-39	60-69				
4)	What is your race/ethnicity? Please check all that apply.					
	☐ American Indian/Nativ	re American	☐ Hispanic/Latino			
	☐ Asian/Pacific Islander		White			
	☐ Black/African America	ın	☐ Other (please explain): _			
5)	What are the main lange	uages you speak a	t home? <i>Please check all th</i>	nat apply.		
	☐ English		☐ French			
	☐ Arabic☐ Chinese (If Chinese, which dialect?)		☐ Haitian Creole☐ Italian			
	Cantonese		Portuguese			
	Mandarin		Spanish			
	Other Chinese dia	alect	Vietnamese			
	(which?)	Other (please explain):			

6)	In what language do you prefer to receive ☐ English ☐ Arabic ☐ Chinese (If Chinese, which dialect?) ☐ Cantonese ☐ Mandarin ☐ Other Chinese dialect (which?)	your healthcare services? Please check one. French Haitian Creole Italian Portuguese Spanish Vietnamese Other (please explain):
7)	A) Have you lived in the US all of your life Yes	?
	B) If no, how long have you lived in the Us ☐ 1 year or less ☐ 2-5 years	S? G-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 children (0-18 year olds) adults (19-64 year olds)	(including yourself)? seniors (65+ year olds)
10)	What is the highest level of school you co ■ 8th grade or less ■ High school/ secondary school ■ College or professional school ■ Post-graduate degree ■ Other (please explain):	ompleted?
11)	What is your current employment status? ☐ Employed full-time ☐ Employed part-time ☐ Self-employed ☐ Unemployed	Please check all that apply. ☐ Retired ☐ Student ☐ Other (please explain):
12)	How would you rate your overall health? Excellent Very Good Good Fair Poor	

	Yes No Not sure	erso	onal doctor or nealth care provider?
	If yes, where do you receive your primary healt 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	000 00 00	Lynn Community Health Center Massachusetts General Hospital Melrose-Wakefield Hospital- Hallmark Health Mount Auburn Hospital North Shore Community HealthPeabody Family Health Center Tufts Medical Center Winchester Hospital Other (which health system/clinic?)
rou inj	out how long has it been since you last visited utine checkup? A routine checkup is a general pury, illness, or condition. Less than 1 year ago 1-2 years ago 3-4 years ago 5 or more years ago Never Not sure		
· ·	Have you gone to the emergency room in the la	ıst y	/ear?
	If yes, where have you gone to the emergency of 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	00 000	Massachusetts General Hospital Melrose-Wakefield Hospital- Hallmark Health Mount Auburn Hospital Tufts Medical Center Whidden Memorial Hospital Winchester Hospital
16) A)	Do you currently have health insurance/covera Yes, and it generally covers my health care need 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 set all that apply. Cost too high Could not get an appointment Cultural differences between me an my health provider Hours the site was open didn't work for me 		☐ Was too busy caring for children and/or				
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 da	y 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 agre	ae or disagree v	with the follow	vina statomor	nt?		
		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, h Yes No Not sure I am younger than 50	·	colonoscopy	in the last 10	years?		

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 ☐ Never ☐ 1 year ago or less ☐ 1-2 years ago ☐ 3-5 years ago	ne last time you had a mammogram?			
☐ More than 5 years ago				
☐ I am younger than 40				
, •	of the following conditions? If so, check all that apply: 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	☐ Obesity			
☐ Cancer	☐ Stroke			
☐ Diabetes	☐ Substance abuse			
☐ Heart disease	☐ Violence/domestic violence			
☐ Lung disease	Other (please explain):			
☐ Mental health				
26) What could Hallmark Health do to help you or your family improve your health?				
	I like to tell us about the health of you and your family or lealth? (Please write on back of survey if needed).			