



COMMUNITY NEEDS ASSESSMENT 2015

Thank you for taking the time to complete this survey.

1. When visiting the clinic, how often do the staff explain things in a way that you understand?

Always

Usually

Sometimes

Never

2. When visiting the clinic, how often do the providers (physicians, dentists, behavior health counselors, etc.) listen carefully to you?

Always

Usually

Sometimes

Never

3. When visiting the clinic, do the staff do everything that they can to help you with your health issues (ie., pain management, prescription refills, physicals, complaints, etc.)?

Always

Usually

Sometimes

Never

N/A

4. Would you recommend this clinic to your friends and family?

Definitely

Probably

Unlikely

No

5. In general, how would you rate your overall health?

Excellent

Very Good

Good

Fair

Poor

6. What is the highest level of school that you have completed?

8th grade or less

Some high school,
but did not graduate

High school graduate
or GED

Some college or 2-
year degree

4-year college
graduate

More than 4-year
college degree

7. What is your race? *Please choose one or more.*

Native American	Hispanic/Latino	White	Black/African American	Asian	Other
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify Tribe (ie., AST, Cherokee, etc.)

8. What kind of things impact the health of your neighbors and you the most?

9. What is keeping you and your neighbors healthy?

10. What 3-5 things could be done in your community to improve the health of your neighbors and you (ie., new services, technology, tele-health, hours of operation, etc.)?