



GEORGIA HEALTHY CITIES SURVEY

Location

- My Home is located in:
 - Albany
 - Atlanta
 - Columbus
 - Savannah
- My address is: **Include Street address, Apt. number, City and Zip Code**

- Indicate whether you strongly agree, agree, disagree, or strongly disagree

	Strongly Agree	Agree	Disagree	Strongly Disagree
There are shopping opportunities within easy walking distance of my home				
There are sidewalks and crosswalks on most of the streets in my neighborhood				
There is access in my neighborhood to recreation and cultural facilities				
People are willing to help their neighbors				

Tell us your views about your neighbors, community events, and voting.

- Indicate whether the statement agrees with your viewpoint:

	No, I do not	Somewhat	Yes, I do
I prefer talking face-to-face with my neighbors.			
I prefer talking on an internet message board, like NextDoor, with my neighbors.			
If I needed help, I could ask my neighbors.			
I enjoy attending community events in my neighborhood.			
I wish there were more community events in my neighborhood.			
I wish there were health events in my neighborhood.			
I believe voting in elections is my civic duty to my community.			
I believe voting in elections will help improve my community.			

Economy and Jobs

- Indicate whether the statement agrees with your viewpoint:

	No, I do not	Somewhat	Yes, I do
I believe we need more jobs in my city.			
I believe we need more jobs in my neighborhood.			
I believe having more public transportation options will provide more access to job opportunities.			



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Access to Services

- Indicate Yes or No, If yes, how many?

	YES	NO	If Yes, How Many?
Do you believe your neighborhood needs more grocery stores ?			
Do you believe your neighborhood needs more libraries ?			
Do you believe your neighborhood needs more parks ?			
Do you believe your neighborhood needs more day care centers ?			
Do you believe your neighborhood needs more recreation centers ?			
Do you believe your neighborhood needs more job training centers ?			
Do you believe your neighborhood needs more public transit stops ?			

Neighborhood Safety

- Indicate Yes or No

	YES	NO
Do you feel safe when alone in your neighborhood?		
Do you feel safe when in a group in your neighborhood?		

- Please identify why you feel unsafe: (Select all that apply)

	YES		YES
Blighted and Abandoned Properties		Illegal Drugs	
Poor or No Street Lighting		Prostitution	
Neighborhood Violence		Robberies/Burglaries	
Crimes against the Elderly/Senior Citizens		School Violence	

Health and Healthcare

- Do you have Health Insurance?

- | | |
|---|---|
| <input type="checkbox"/> Private Insurance (employee based) | <input type="checkbox"/> TriCare |
| <input type="checkbox"/> Obamacare/Affordable Care Act | <input type="checkbox"/> I do not have Health Insurance |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Medicare | |

- Where do you go when you're not feeling well? (including minor illnesses)

- | | |
|---|---|
| <input type="checkbox"/> A primary care doctor | <input type="checkbox"/> County health clinic |
| <input type="checkbox"/> An urgent care facility (CVS Minute Clinic, for example) | <input type="checkbox"/> Emergency Room |
| <input type="checkbox"/> VA hospital/clinic | <input type="checkbox"/> Other (please specify) |



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- Which modes of transportation do you use when needing healthcare services? (Choose all that apply)
 - Ambulance
 - Personal Vehicle
 - Lyft/Uber/Taxi
 - Public Transportation
 - Shuttle Service
 - Medicaid/Medicare Transport
 - Walk
 - Bike
 - Other (please specify)

- In the past 12 months, have you visited your Primary Doctor?
 - Yes
 - No

- In the past 12 months, have you been treated for:

	YES	NO		YES	NO
Arthritis			Coronary Heart Disease		
High Blood Pressure			Mental Health		
High Cholesterol			Stroke		
Kidney Disease			Binge Drinking		
Obstructive Pulmonary Disease			Obesity		

- In the past 12 months, have you had?

	YES	NO
Dental Care		
Mammogram		
Colonoscopy		

Emergency Services

- In which city do you use Emergency Room Services?
 - Atlanta area
 - Albany area
 - Columbus area
 - Savannah area
 - Other (please specify)
- Which Atlanta-area hospital do you frequently go to for emergency room services? (Choose all that apply)
 - Children’s Healthcare of Atlanta at Egleston
 - Children’s Healthcare of Atlanta at Scottish Rite
 - DeKalb Medical Center
 - DeKalb Medical Center at Hillandale
 - Emory University Hospital
 - Emory University Hospital - Midtown
 - Grady Memorial Hospital
 - Northside Hospital
 - Piedmont Hospital
 - Saint Joseph’s Hospital
 - Wellstar Atlanta Medical Center
 - Wellstar North Fulton Hospital
 - Not Applicable
 - Other (please specify)
- Which Albany-area hospital do you frequently go to for emergency room services? (Choose all that apply)
 - Mitchell County Hospital
 - Phoebe Putney Memorial Hospital
 - Phoebe Worth Medical Center
 - Not Applicable
 - Other (please specify)



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- Which Columbus-area hospital do you frequently go to for emergency room services? (Choose all that apply)
 - Midtown Medical Center
 - Northside Medical Center
 - St. Francis Hospital
 - Not Applicable
 - Other (please specify)
- Which Savannah-area hospital do you frequently go to for emergency room services? (Choose all that apply)
 - Candler Hospital
 - Memorial Health
 - St. Joseph's Hospital
 - Not Applicable
 - Other (please specify)

Public Health

- Have you heard the terms public health or global health?
 - Yes
 - No
- Did you know that public health is a field that seeks to improve lives and the health of communities through the prevention and treatment of disease and the promotion of health behaviors such as health eating and exercise?
 - Yes
 - No

Demographic Information

- Gender
 - Female
 - Male
 - Transgender
 - Other (please specify)
- Age
 - Under 20 years old
 - 20 to 34 years old
 - 35 to 44 years old
 - 45 to 59 years old
 - 60 to 74 years old
 - 75 years old and older
- Do you consider yourself to be Latino or Hispanic?
 - Yes
 - No
- What is your race?
 - Black or African American
 - White or Caucasian
 - Asian/Pacific Islander
 - Native American/American Samoa
 - Multi-Racial
 - Other
- I have lived at my current address:
 - Less than 2 years
 - 2 - 5 years
 - 6 - 10 years
 - 11 - 15 years
 - 16 - 20 years
 - More than 20 years
- Do any children under the age of 18 live at your current residence?
 - Yes
 - No
- Have you or a family member experienced eviction or displacement in the previous 12 months?
 - Yes
 - No