

## NEEDS ASSESSMENT FOR A HEALTHIER COMMUNITY

*Just complete this survey and tell us how well local health services are meeting your needs. We'll take your comments to heart. Please fill in the bubble that most represents your answer with a dark pen or pencil.*

**In general would you say your health is?**

- Good  Poor  In the middle

**How many days during the past 30 was your health not good?**

- All were good  1-3 were not  4 or more were not

**Do you have health coverage, either private insurance or a government plan such as Medi-Cal, Medicare?**

- Yes  No

**If yes, who pays for your insurance?**

- I pay for all of it  My employer pays for all or part of it  It's government sponsored

**If you have no health insurance, why is that?**

- Cannot afford it and am not eligible for government or employer-sponsored care  Don't know how to get it  Don't want any

**Was there a time during the past 12 months you had trouble seeing a doctor?**

- Yes, doctor's schedule couldn't accommodate me  
 Yes, I couldn't find transportation to a doctor's appointment  
 No problem  
 Other: \_\_\_\_\_

**When you need medical care, where do you go most often?**

- My doctor's office  An urgent-care or walk-in clinic  
 An emergency room  Usually I just ride it out

**How long has it been since your last routine medical check up?**

- Have never had one  Between 1-5 years ago  
 Within the past year  More than 6 years ago

**Are additional doctors needed in this area?**

- Yes  No

**If so, what kinds of doctors are needed?**

- Primary-care doctors  Specialist doctors  Pediatricians  
 Other: \_\_\_\_\_

**Do you ever seek, or self treat yourself, with so-called non-traditional or alternative methods?**

- Yes  No

**If so, what method?**

- Massage therapy  Acupuncture or acupressure  
 Chiropractor  Herbal or mega-vitamin therapy  
 Other: \_\_\_\_\_

**Do you ever have trouble communicating with your doctor because of a language barrier?**

- Yes  No

**Are you sight impaired or do you have trouble seeing, even with glasses?**

- Yes  No

**Are you hearing impaired?**

- Yes  No

**Do you have sciatica or chronic-back pain?**

- Yes  No

**Has a health-care professional ever diagnosed you with heart trouble?**

- Yes  No

**Has a health care professional ever diagnosed you as having asthma?**

- Yes  No

**Has a health care professional ever diagnosed you with chronic lung disease including, bronchitis or emphysema?**

- Yes  No

**Has a health-care professional ever diagnosed you with arthritis or rheumatism?**

- Yes  No

**Has a health-care professional ever told you that you had a stroke?**

- Yes  No

**Has a health-care professional ever told you that you had a heart attack?**

- Yes  No

**Has a health-care professional ever told you that you had cancer?**

- Yes  No

**Has a health-care professional ever told you that you had high blood pressure?**

- Yes  No

**Are you now taking medicine for high blood pressure?**

- Yes  No

**Has a health-care professional ever told you that you had high cholesterol?**

- Yes  No

Are you now taking medicine for high cholesterol?

- Yes  No

Has a health-care professional ever told you that you had a diabetes or high blood sugar?

- Yes  No

Has a health-care professional ever told you that you had diabetes?

- Yes  No

Are you now taking insulin?

- Yes  No

Do you smoke cigarettes now?

- Yes  No

During the last month, on how many days did you drink any alcoholic beverage?

- None  1-10  11-20  21-29  Daily

On the days that you drank, about many drinks did you have on average?

- 1-2 a day  3-4 a day  5 or more a day

In the last month have you driven when you've had too much to drink?

- Yes  No

During the past month, did you participate in any physical activity or exercise such as running, walking, golf or gardening?

- Yes  No

What type of physical exercise did you spend the most time doing during the past month?

- Low impact, like gardening, walking, swimming  
 Medium impact, like running, weight lifting  
 High impact, like preparing for a marathon

How many times per week did you take part in this activity over the past month?

- 1 or less  3-5  6-7

Are you currently on a low-fat, low-cholesterol diet?

- Yes  No

Are you trying to lose weight right now?

- Yes  No

Overall would you say you eat a balanced diet?

- Yes  No

How much schooling have you had?

- High school grad or less  College grad  
 Some college  Post graduate

Are you employed all year long?

- Yes  No

Have you had a tetanus shot in the past 10 years?

- Yes  No  Don't remember

Do you consider yourself at risk for sexually transmitted diseases like HIV or Hepatitis C?

- Yes  No

In the past year have you had two weeks or more during which you felt sad, blue, or depressed or when you lost all interest or pleasure in the things you usually care about and enjoy?

- Yes  No

Do you have one or more people in your life who you feel you can tell just about anything? People you can count on for understanding or support?

- Yes  No

Thinking about your mental health - which includes stress, depression, and problems with emotions, how many days during the past 30 days, was your mental health not good?

- 1  2-5  5-29  All of them

Does any health problem keep you from working regularly?

- Yes  No

In the past year, did you miss work because of personal problems?

- Yes  No

In general how satisfied are you with the health care you currently receive?

- Very  Somewhat  Not at all

From where do you get most of your health information?

- Doctor or other health professional  Newspapers, magazines  
 The Internet  
 Television/radio  
 Other: \_\_\_\_\_

What do you feel is the most reliable source of health information?

- Doctor or other health professional  Newspapers, magazines  
 The Internet  
 Television/radio  
 Other: \_\_\_\_\_

Are health services in your area conveniently located?

- Yes  No

In the past year did you not go, or take a child to the doctor because you felt you could not afford it?

- Yes  No

Are you?

- Male  Female

Are you?

- Under 18  26-45  66-85  
 18-25  46-65  86 or older



## PARA UNA COMUNIDAD MÁS SANA

Simplemente llene esta encuesta y díganos hasta qué punto los servicios de salud locales cumplen con sus necesidades. Sus comentarios son valiosos para nosotros y le enviaremos un certificado para que se chequee el colesterol gratis.

En general, ¿diría que su salud es?

- Buena  Mala  En el medio

¿Cuántos días, en los últimos 30, no estuvo muy bien de salud?

- Todos los días estuve muy bien  4 o más no estuve bien  
 1 a 3 no estuve bien

¿Tiene cobertura de salud, ya sea un seguro privado o un plan gubernamental, como Medi-Cal o Medicare?

- Sí  No

Si lo tiene, ¿quién paga su seguro?

- Yo lo pago todo  Mi empleador lo paga todo o en parte  Está patrocinado por el gobierno

Si no tiene seguro de salud, ¿por qué?

- No puedo pagarlo y no soy elegible para un seguro patrocinado por el gobierno o un empleador  No sé cómo conseguirlo  No quiero tenerlo

¿Hubo alguna ocasión en los últimos 12 meses en que tuvo problemas para ver a un médico?

- Sí, el médico estaba demasiado ocupado para verme  
 Sí, no pude encontrar transporte para ir a una cita con el médico  
 No tuve problemas  
 Otro: \_\_\_\_\_

Cuando necesita atención médica, ¿adónde va con más frecuencia?

- Al consultorio de mi médico  A una clínica de urgencia o a una clínica que no requiere cita  
 A una sala de emergencia  No voy, espero hasta sanarme solo

¿Cuánto hace desde su último examen médico?

- Nunca me hice uno  Hace 1 a 5 años  
 Dentro del último año  Hace más de 6 años

¿Hace falta que haya más médicos en esta zona?

- Sí  No

Si hace falta, ¿qué tipos de médicos se necesitan?

- Médicos de atención primaria  
 Médicos especialistas  
 Pediatras  
 Otro: \_\_\_\_\_

¿Alguna vez busca, o se trata usted mismo con, los llamados métodos no tradicionales o alternativos?

- Sí  No

Si lo hace, ¿qué método usa?

- Terapia de masaje  
 Quiropráctico  
 Acupuntura o acupresión  
 Hierbas medicinales o terapia megavitamínica  
 Otro: \_\_\_\_\_

¿Le cuesta alguna vez comunicarse con su médico a causa de la barrera del idioma?

- Sí  No

¿Tiene problemas de la vista o le cuesta ver, incluso con anteojos?

- Sí  No

¿Tiene problemas de oído?

- Sí  No

¿Tiene ciática o dolor de espalda crónico?

- Sí  No

¿Alguna vez un profesional de la salud le diagnosticó un problema del corazón?

- Sí  No

¿Alguna vez un profesional de la salud le dijo que tenía asma?

- Sí  No

¿Alguna vez un profesional de la salud le dijo que tenía una enfermedad crónica del pulmón, incluyendo bronquitis o enfisema?

- Sí  No

¿Alguna vez un profesional de la salud le dijo que tenía artritis o reumatismo?

- Sí  No

¿Alguna vez un profesional de la salud le dijo que tuvo un apoplejía?

- Sí  No

¿Alguna vez un profesional de la salud le dijo que tuvo un ataque cardíaco?

- Sí  No

¿Alguna vez un profesional de la salud le dijo que tenía cáncer?

- Sí  No

¿Alguna vez un profesional de la salud le dijo que tenía la presión de la sangre elevada?

- Sí  No

¿Está tomando algún medicamento para la presión de la sangre elevada?

Sí  No

¿Alguna vez un profesional de la salud le dijo que tenía el colesterol elevado?

Sí  No

¿Está tomando algún medicamento para el colesterol elevado?

Sí  No

¿Alguna vez un profesional de la salud le dijo que tenía diabetes o el azúcar en sangre elevada?

Sí  No

¿Alguna vez un profesional de la salud le dijo que tenía diabetes?

Sí  No

¿Está tomando insulina?

Sí  No

¿Fuma cigarrillos ahora?

Sí  No

Durante el mes pasado, ¿cuántos días tomó una bebida alcohólica?

Ninguno  1 a 10  11 a 20  21 a 29  Todos los días

Los días en que tomó ¿cuántas bebidas se tomó en promedio?

1 a 2 por día  3 a 4 por día  5 o más por día

El mes pasado, ¿manejó cuando tal vez había tomado demasiado?

Sí  No

Durante el mes pasado, ¿participó en alguna actividad o ejercicio físico, como correr, caminar, jugar al golf o la jardinería?

Sí  No

¿Qué tipo de ejercicio físico pasó más tiempo haciendo durante el mes pasado?

- De bajo impacto, como jardinería, caminar, nadar
- De impacto mediano, como correr o levantar pesas
- De alto impacto, como prepararse para una maratón

¿Cuántas veces por semana participó en esta actividad a lo largo del mes pasado?

1 o menos  3 a 5  6 a 7

¿Está en la actualidad en una dieta baja en grasas y colesterol?

Sí  No

¿Está tratando de bajar de peso ahora?

Sí  No

En general, ¿diría usted que come una dieta equilibrada?

Sí  No

¿Qué nivel de estudios completó?

- Graduado de la escuela secundaria o menos
- Graduado universitario
- Algo de universidad
- Posgraduado

¿Está empleado todo el año?

Sí  No

¿Lo han vacunado contra el tétano en los últimos 10 años?

Sí  No

¿Considera que está en riesgo de contraer enfermedades de transmisión por vía sexual, como el VIH o la hepatitis C?

Sí  No

¿El año pasado tuvo dos semanas en que se haya sentido triste, desanimado, deprimido o en el que haya perdido todo interés o gozo en las cosas que generalmente le importan o le gustan?

Sí  No

¿Tiene una o más personas en su vida a las que les puede contar prácticamente cualquier cosa? ¿Personas con las que puede contar para que lo entiendan y lo apoyen?

Sí  No

Pensando en su salud mental, que incluye estrés, depresión y problemas con las emociones, ¿cuántos días, durante los últimos 30, su salud mental no estuvo muy buena?

1  2 a 5  5 a 29  Todos

¿Tiene algún problema de salud que le impide trabajar regularmente?

Sí  No

¿Perdió días de trabajo el año pasado a causa de problemas personales?

Sí  No

En general, ¿en qué medida está satisfecho con la atención de la salud que recibe?

Muy  Algo  Nada

¿De dónde obtiene la mayoría de su información sobre la salud?

- Del médico u otro profesional de la salud
- De la televisión o de la radio
- De diarios y revistas
- Del Internet
- Otro: \_\_\_\_\_

¿Cuál le parece que es la fuente de información de mayor confianza?

- Del médico u otro profesional de la salud
- De la televisión o de la radio
- De diarios y revistas
- Del Internet
- Otro: \_\_\_\_\_

¿Hay servicios de salud en su zona cómodamente ubicados?

Sí  No

El año pasado, ¿alguna vez no fue o no llevó a un niño al médico porque no podía pagarlo?

Sí  No

¿Es usted?

Hombre  Mujer

¿Tiene usted?

Menos de 18 años  26 a 45  66 a 85  
 18 a 25  46 a 65  86 o más

**PARA LOS QUE TIENEN NIÑOS EN CASA**

¿Cuántos niños menores de 18 años viven en su casa?

1 a 4  5 o más

¿Cuál es su relación con los niños?

Padre/Madre  
 Abuelo/Abuela  
 Otro: \_\_\_\_\_

¿Hace falta que haya más servicios de salud para los niños en esta zona?

Sí  No

¿Hace falta que haya más servicios dentales para los niños en esta zona?

Sí  No

¿Han recibido los niños en su casa todas las vacunas para su edad?

Sí  No

**SÓLO PARA MUJERES**

¿Le han hecho alguna vez un mamograma?

Sí  No

¿Cuánto tiempo hace desde su último mamograma?

Semanas  Meses  Años

¿Sabe hacerse un examen de los senos?

Sí  No

Si sabe, ¿cada cuánto se hace un examen de los senos?

Al menos todos los meses  Una vez al año o menos  
 Al menos 4 veces al año  Nunca

¿Le han hecho alguna vez una prueba Papanicolau?

Sí  No

¿Cuánto tiempo hace desde su última prueba Papanicolau?

Semanas  Meses  Años

**SÓLO PARA HOMBRES**

¿Cuanto tiempo hace que le hicieron un examen rectal o de la próstata?

Dentro del último año  Hace más de dos años  
 Dentro de los últimos 1 a 2 años  Nunca tuvo uno

¿Sabe cómo examinarse los testículos?

Sí  No

**PARA MAYORES DE 50 AÑOS**

¿Le han hecho alguna vez una colonoscopia?

Sí  No

Si se la hicieron, ¿se hace una todos los años o piensa hacerse una todos los años?

Sí  No

¿Lo han vacunado contra la influenza?

Sí  No

**PARA TODOS**

Su definición de una comunidad sana:

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¿Tiene alguna sugerencia para el Lodi Memorial Hospital?

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¡GRACIAS!

Si quiere que le enviemos un cupón para un chequeo gratis del colesterol, denos su nombre completo y dirección:

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## Lodi Memorial Hospital 2004 Community-Needs Assessment

**JOIN LODI MEMORIAL HOSPITAL IN BUILDING A HEALTHIER COMMUNITY  
AND RECEIVE A FREE CHOLESTEROL CHECK TOO**

Just complete this survey and tell us how well local health services are meeting your needs. We'll take your comments to heart and send you a certificate for a free cholesterol screening.



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# Lodi Memorial Hospital 2004 Community-Needs Assessment

Questions marked with an asterisk (\*) are mandatory.

1 \*What is your ZIP code?

2 In general would you say your health is?

- Good
- Poor
- In the middle

3 How many days during the past 30 was your health not good?

- All were good
- One to three were not
- Four or more were not

4 Do you have health coverage, either private insurance or a government plan such as Medi-Cal, Medicare?

 

5 If yes, who pays for your insurance?

- I pay for all of it
- My employer pays for all or part of it
- It's government sponsored
- Other, please specify



## Lodi Memorial Hospital 2004 Community-Needs Assessment

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6 **If you have no health insurance, why is that?**

- Can't afford it/not eligible for government or employer-sponsored care
- Don't know how to get it
- Don't want any

---

7 **Was there a time during the past 12 months you had trouble seeing a doctor?**

- Yes, doctor's schedule couldn't accommodate me
- Yes, I couldn't find transportation to a doctor's appointment
- No problem
- Other, please specify

---

8 **When you need medical care, where do you go most often?**

- My doctor's office
- An emergency room
- An urgent-care or walk-in clinic
- Usually I just ride it out

---

9 **How long has it been since your last routine medical check up?**

- Have never had one
- Within the past year
- Between one to five years ago
- More than six years ago

---

10 **Are additional doctors needed in this area?**

YES  NO



## Lodi Memorial Hospital 2004 Community-Needs Assessment

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11 If so, what kinds of doctors are needed?

- Primary-care doctors
- Specialist doctors
- Pediatricians
- Other, please specify

---

12 Do you ever seek, or self treat yourself, with so-called non-traditional or alternative methods?

---

13 If so, what method?

- Massage therapy
- Chiropractor
- Acupuncture or acupressure
- Herbal or mega-vitamin therapy
- Other, please specify

---

14 Do you ever have trouble communicating with your doctor because of a language barrier?

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15 Are you sight impaired or do you have trouble seeing, even with glasses?



## Lodi Memorial Hospital 2004 Community-Needs Assessment

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16 Are you hearing impaired?

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17 Do you have sciatica or chronic-back pain?

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18 Has a health-care professional ever diagnosed you with heart trouble?

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19 Has a health care professional ever diagnosed you as having asthma?

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20 Has a health care professional ever diagnosed you with chronic lung disease including, bronchitis or emphysema?



## Lodi Memorial Hospital 2004 Community-Needs Assessment

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21 Has a health-care professional ever diagnosed you with arthritis or rheumatism?

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22 Has a health-care professional ever told you that you had a stroke?

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23 Has a health-care professional ever told you that you had a heart attack?

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24 Has a health-care professional ever told you that you had cancer?

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25 Has a health-care professional ever told you that you had high blood pressure?



## Lodi Memorial Hospital 2004 Community-Needs Assessment

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26 Are you now taking medicine for high blood pressure?

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27 Has a health-care professional ever told you that you had high cholesterol?

---

28 Are you now taking medicine for high cholesterol?

---

29 Has a health-care professional ever told you that you had a diabetes or high blood sugar?

---

30 Has a health-care professional ever told you that you had diabetes?



## Lodi Memorial Hospital 2004 Community-Needs Assessment

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**31** Are you now taking insulin?

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**32** Do you smoke cigarettes now?

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**33** During the last month, on how many days did you drink any alcoholic beverage?

- None
  - One to 10
  - 11 to 20
  - 21 to 29
  - Daily
- 

**34** On the days that you drank, about many drinks did you have on average?

- One to two a day
  - Three to four a day
  - Five or more a day
- 

**35** In the last month have you driven when you've had perhaps too much to drink?



## Lodi Memorial Hospital 2004 Community-Needs Assessment

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**36** During the past month, did you participate in any physical activity or exercise such as running, walking, golf or gardening?

YES  NO

---

**37** What type of physical exercise did you spend the most time doing during the past month?

- Low impact, like gardening, walking, swimming
  - Medium impact, like running, weight lifting
  - High impact, like preparing for a marathon
- 

**38** How many times per week did you take part in this activity over the past month?

- One or less
  - Three to five
  - Six to seven
- 

**39** Are you currently on a low-fat, low-cholesterol diet?

YES  NO

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**40** Are you trying to lose weight right now?

YES  NO



## Lodi Memorial Hospital 2004 Community-Needs Assessment

Questions marked with an asterisk (\*) are mandatory.

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41 Overall would you say you eat a balanced diet?

YES  NO

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42 \*How much schooling have you had?

- High school grad or less
- Some college
- College grad
- Post graduate

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43 Are you employed all year long?

YES  NO

---

44 Have you had a tetanus shot in the past 10 years?

- Yes
- No
- Don't remember

---

45 Do you consider yourself at risk for sexually transmitted diseases like HIV or Hepatitis C?

YES  NO



## Lodi Memorial Hospital 2004 Community-Needs Assessment

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46 In the past year have you had two weeks or more during which you felt sad, blue, or depressed or when you lost all interest or pleasure in the things you usually care about and enjoy?

YES  NO

---

47 Do you have one or more people in your life who you feel you can tell just about anything? People you can count on for understanding or support?

YES  NO

---

48 Thinking about your mental health – which includes stress, depression, and problems with emotions, how many days during the past 30 days, was your mental health not good?

- One
  - Two to five
  - Five to 29
  - All of them
- 

49 Does any health problem keep you from working regularly?

YES  NO

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50 In the past year, did you miss work because of personal problems?

YES  NO



## Lodi Memorial Hospital 2004 Community-Needs Assessment

Questions marked with an asterisk (\*) are mandatory.

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**51 In general how satisfied are you with the health care you currently receive?**

- Very
- Somewhat
- Not at all

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**52 From where do you get most of your health information?**

- Doctor or other health professional
- Television/radio
- Newspapers, magazines
- The Internet
- Other, please specify

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**53 What do you feel is the most reliable source of health information?**

- Doctor or other health professional
- Television/radio
- Newspapers, magazines
- The Internet
- Other, please specify

---

**54 Are health services in your area conveniently located?**

 YES  NO

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**55 In the past year did you not go, or take a child to the doctor because you felt you could not afford it?**

 YES  NO

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**56 \*Are you?**

- Male
- Female



## Lodi Memorial Hospital 2004 Community-Needs Assessment

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**FOR MEN**

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**57** How long has it been since you've had rectal or prostate exam?

- Within the last year
  - Within the last one to two years
  - More than two years ago
  - Never had one
- 

**58** Do you know how to perform a testicular self-exam?



## Lodi Memorial Hospital 2004 Community-Needs Assessment

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### FOR WOMEN

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57 Have you ever had a mammogram?

YES  NO

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58 How long has it been since your last mammogram?

- Weeks
  - Months
  - Years
- 

59 Do you know how to perform a self-breast exam?

YES  NO

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60 If so, how often do you perform a breast self-exam?

- At least monthly
  - At least four times a year
  - Once a year or less
  - Never
- 

61 Have you ever had a Pap smear?

YES  NO

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62 How long has it been since your last Pap smear?

- Weeks
- Months
- Years



# Lodi Memorial Hospital 2004 Community-Needs Assessment

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## FOR THOSE WITH CHILDREN AT HOME

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**63** How many children under 18 are living in your household?

- One to four
  - Five or more
- 

**64** What is your relationship to the children?

- Parent
- Grandparent
- Other, please specify

**65** Is there a need for additional children's health services in the area?

- 
- 

**66** Is there a need for additional children's dental services in the area?

- 
- 

**67** Have the children in your household received all the required immunizations for their age?

- 



## Lodi Memorial Hospital 2004 Community-Needs Assessment

Questions marked with an asterisk (\*) are mandatory.

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68 \*Are you?

- Under 18
- 18-25
- 26-45
- 46-65
- 66-85
- 86 or older



## Lodi Memorial Hospital 2004 Community-Needs Assessment

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FOR THOSE OVER 60

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69 Have you ever had a colonoscopy?

YES  NO

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70 If so, do you, or do you plan to have one yearly?

YES  NO

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71 Have you had a flu shot in the past year?

YES  NO



# Lodi Memorial Hospital 2004 Community-Needs Assessment

72 Your definition of a healthy community:

73 Do you have any suggestions for Lodi Memorial Hospital?

74 If you would like us to send you a coupon for a free cholesterol screening, please give us your name and address:

Name:

Company:

Address:

City:  State:   Zip:

