



Please take about 15 minutes to complete the survey below. The purpose of this survey is to get your input about health topics in your community. Solano County Public Health and other community partners will use the results of this survey and other information to identify the most pressing health issues which can be addressed through community action. If you have previously completed **this** survey, please do not complete another one. Remember... **YOUR opinion is important!** Thank you and if you have any questions, please feel free to contact us (see contact information below).

## Quality of Life

1. How would you rate your local community **AND** Solano County as a place to live?

	Excellent	Good	OK	Poor	Very Poor	Not Sure
<b>Local Community:</b>	<input type="radio"/>					
<b>Solano County:</b>	<input type="radio"/>					

2. How would you rate the sense of community involvement and responsibility in your local community **AND** in all of Solano County?

	Excellent	Good	OK	Poor	Very Poor	Not Sure
<b>Local Community:</b>	<input type="radio"/>					
<b>Solano County:</b>	<input type="radio"/>					

3. How would you rate the quality of life in your local community **AND** in all of Solano County?

	Excellent	Good	OK	Poor	Very Poor	Not Sure
<b>Local Community:</b>	<input type="radio"/>					
<b>Solano County:</b>	<input type="radio"/>					

4. How would you rate your local community **AND** all of Solano County as a “healthy community”?

	Excellent	Good	OK	Poor	Very Poor	Not Sure
<b>Local Community:</b>	<input type="radio"/>					
<b>Solano County:</b>	<input type="radio"/>					

5. How satisfied are you with the health care system in your local community **AND** in all of Solano County?

	Excellent	Good	OK	Poor	Very Poor	Not Sure
<b>Local Community:</b>	<input type="radio"/>					
<b>Solano County:</b>	<input type="radio"/>					

6. How would you rate your local community **AND** all of Solano County as a good place to raise children?

	Excellent	Good	OK	Poor	Very Poor	Not Sure
<b>Local Community:</b>	<input type="radio"/>					
<b>Solano County:</b>	<input type="radio"/>					

7. How would you rate your local community **AND** all of Solano County as a place to grow old?

	Excellent	Good	OK	Poor	Very Poor	Not Sure
<b>Local Community:</b>	<input type="radio"/>					
<b>Solano County:</b>	<input type="radio"/>					

8. How would you rate your local community **AND** all of Solano County with regards to job availability?

	Excellent	Good	OK	Poor	Very Poor	Not Sure
<b>Local Community:</b>	<input type="radio"/>					
<b>Solano County:</b>	<input type="radio"/>					

9. How would you rate your local community **AND** all of Solano County as a place with support networks for individuals and families during times of stress and need?

	Excellent	Good	OK	Poor	Very Poor	Not Sure
<b>Local Community:</b>	<input type="radio"/>					
<b>Solano County:</b>	<input type="radio"/>					

10. How would you rate your overall health?

Excellent	Good	Fair	Poor	Very Poor
<input type="radio"/>				

### **Community Health**

(For Solano County residents, please answer the following questions for your local community. For non-Solano County residents, please answer the question for where your work location is.)

11. In the following list, what do you think are the **3 health issues** that most affect local community? **Check only 3.**

- |  |  |
|--|--|
| <input type="checkbox"/> Aging problems (e.g., arthritis, hearing/vision loss) | <input type="checkbox"/> Obesity                                   |
| <input type="checkbox"/> Alcohol/Drug abuse                                    | <input type="checkbox"/> Sexually transmitted diseases             |
| <input type="checkbox"/> Teenage pregnancy                                     | <input type="checkbox"/> Infectious diseases (e.g., hepatitis, TB) |
| <input type="checkbox"/> Dental problems                                       | <input type="checkbox"/> Rape/sexual assault                       |
| <input type="checkbox"/> Diabetes  | <input type="checkbox"/> Motor vehicle crash injuries              |
| <input type="checkbox"/> Respiratory/lung disease/asthma                       | <input type="checkbox"/> Homicide                                  |
| <input type="checkbox"/> Cancer  | <input type="checkbox"/> Child abuse/neglect                       |
| <input type="checkbox"/> Heart disease and stroke                              | <input type="checkbox"/> Infant death                              |
| <input type="checkbox"/> Mental health problems                                | <input type="checkbox"/> Other: _____                              |

12. In the following list, what do you think are the **3 individual behaviors** that are most responsible for health issues in your local community (those behaviors that have the greatest impact on overall community health)? **Check only 3.**

- |  |   |
|--|---|
| <input type="checkbox"/> Alcohol abuse                                   | <input type="checkbox"/> Suicide  |
| <input type="checkbox"/> Drug abuse                                      | <input type="checkbox"/> Domestic or intimate partner violence              |
| <input type="checkbox"/> Tobacco use/smoking or electronic cigarette use | <input type="checkbox"/> Texting/cell phone use while driving               |
| <input type="checkbox"/> Unsafe sex                                      | <input type="checkbox"/> Not using seat belts and/or child safety           |
| <input type="checkbox"/> Not using birth control                         | <input type="checkbox"/> Driving while drunk/on drugs                       |
| <input type="checkbox"/> Teenage sex                                     | <input type="checkbox"/> Poor eating habits                                 |
| <input type="checkbox"/> Bullying  | <input type="checkbox"/> Not getting vaccines to prevent disease            |
| <input type="checkbox"/> Dropping out of school                          | <input type="checkbox"/> Life stress/lack of coping skills                  |
| <input type="checkbox"/> Racism  | <input type="checkbox"/> Lack of exercise                                   |
| <input type="checkbox"/> Crime/Violence                                  | <input type="checkbox"/> Not getting regular check-ups by a health provider |
| <input type="checkbox"/> Using weapons/guns                              | <input type="checkbox"/> Other: _____                                       |

13. What do you think are the **3 social and economic circumstances** that are most responsible for health issues in your local community? **Check only 3.**

- |   |   |
|---|---|
| <input type="checkbox"/> Cultural barriers                          | <input type="checkbox"/> Homelessness                               |
| <input type="checkbox"/> Language barriers                          | <input type="checkbox"/> Limited access to prescriptions/medication |
| <input type="checkbox"/> Racism and discrimination                  | <input type="checkbox"/> No health insurance                        |
| <input type="checkbox"/> Lack of education/no high school education | <input type="checkbox"/> Lack of preventive services                |
| <input type="checkbox"/> Unemployment                               | <input type="checkbox"/> Not enough food (food insecurity)          |
| <input type="checkbox"/> Poverty                                    | <input type="checkbox"/> Single parenting                           |
| <input type="checkbox"/> Lack of affordable and safe housing        | <input type="checkbox"/> Other: _____                               |

14. What do you think are **3 environmental issues** that are most responsible for health issues in your local community?

**Check only 3.**

- |   |  |
|---|--|
| <input type="checkbox"/> Air pollution                                  | <input type="checkbox"/> Cigarette smoke                 |
| <input type="checkbox"/> Pesticide use                                  | <input type="checkbox"/> Trash on streets and sidewalks  |
| <input type="checkbox"/> Poor housing conditions                        | <input type="checkbox"/> Flooding/drainage problems      |
| <input type="checkbox"/> Poor neighborhood designs                      | <input type="checkbox"/> Contaminated drinking water     |
| <input type="checkbox"/> Heat/hot days                                  | <input type="checkbox"/> Lack of access to healthy foods |
| <input type="checkbox"/> Lack of safe walkways and bikeways             | <input type="checkbox"/> Lack of public transportation   |
| <input type="checkbox"/> Lack of access to places for physical activity | <input type="checkbox"/> Other: _____                    |
| <input type="checkbox"/> Lack of green space/parks                      |  |

15. What do you think are the **3 most important** factors of a “healthy community”? **Choose only 3.**

- |   |   |
|---|---|
| <input type="checkbox"/> Park and recreation facilities | <input type="checkbox"/> Well-informed community about health issues                |
| <input type="checkbox"/> Green/open spaces              | <input type="checkbox"/> Support agencies (e.g. support groups, faith-based groups) |
| <input type="checkbox"/> Affordable housing             | <input type="checkbox"/> Community involvement                                      |
| <input type="checkbox"/> Low crime/safe neighborhoods   | <input type="checkbox"/> Job opportunities  |
| <input type="checkbox"/> Elderly care                   | <input type="checkbox"/> Good schools   |
| <input type="checkbox"/> Time for family                | <input type="checkbox"/> Access to healthcare                                       |
| <input type="checkbox"/> Safe place to raise kids       | <input type="checkbox"/> Access to healthy foods                                    |
| <input type="checkbox"/> Access to childcare            | <input type="checkbox"/> Air quality  |
| <input type="checkbox"/> Tolerance for diversity        | <input type="checkbox"/> Other: _____   |

16. Within the past year, what type of social services benefits did you or anyone in your family need? Check all that apply:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> None                  | <input type="checkbox"/> Health Families Insurance | <input type="checkbox"/> Subsidized child care    |
| <input type="checkbox"/> Food stamps/Cal Fresh | <input type="checkbox"/> Medicare                  | <input type="checkbox"/> CHIP                     |
| <input type="checkbox"/> Housing assistance    | <input type="checkbox"/> Medi-Cal                  | <input type="checkbox"/> Veteran’s Administration |
| <input type="checkbox"/> Other: _____          |  |   |

17. Where do you usually go when you are sick or need health care? (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Doctors office                 | <input type="checkbox"/> Community Health Center       |
| <input type="checkbox"/> Public Health Clinic           | <input type="checkbox"/> Hospital Emergency Department |
| <input type="checkbox"/> Hospital Outpatient Department | <input type="checkbox"/> Other (Please specify): _____ |

18. What do you feel are barriers to getting health care in your community? (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Too much paper work                    | <input type="checkbox"/> Location of healthcare/no transportation |
| <input type="checkbox"/> Cost                                   | <input type="checkbox"/> No doctor/staff speak my language        |
| <input type="checkbox"/> Fear or distrust of health care system | <input type="checkbox"/> Other (Please specify): _____            |

19. Where do you get information about health resources available in your community? (check all that apply)

- |  |                                 |                                    |                                 |                             |                                    |                                   |
|--|---------------------------------|------------------------------------|---------------------------------|-----------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> School  | <input type="checkbox"/> Church | <input type="checkbox"/> Neighbors | <input type="checkbox"/> Family | <input type="checkbox"/> TV | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Community Service Organizations (Please specify): _____ |                                 |                                    |                                 |                             |                                    |                                   |
| <input type="checkbox"/> Other (Please specify): _____                           |                                 |                                    |                                 |                             |                                    |                                   |

20. What are the strengths in your local community (community groups, organizations, places) that you think most improve quality of life for your entire community?

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21. What makes you most proud of your local community?

\_\_\_\_\_  
\_\_\_\_\_

22. What actions, policies, or funding priorities would excite you enough to become involved (or more involved) in building a healthier community?

\_\_\_\_\_  
\_\_\_\_\_

23. County of Residence: \_\_\_\_\_ 24. Zip Code: \_\_\_\_\_

25. City of Residence  Vallejo  Fairfield  Vacaville  Rio Vista  Unincorporated Area  
 Benicia  Suisun  Dixon  Not a Solano Resident  Other: \_\_\_\_\_

**Demographic Information**

Please provide the following information. It will be used for demographic purposes only. Keep in mind you will NOT be identified in any way with your answers.

26. Age Group:  
 Under 18 years  18-25 years  26-39 years  40-54 years  55-64 years  65-80 years  Over 80 years

27. Your Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

28. Which one of these groups would you say best represents your ethnicity/race?

Non-Hispanic White  Black or African American  Asian  Native Hawaiian or Other Pacific Islander  
 Hispanic or Latino  American Indian or Alaskan Native  Other: [specify] \_\_\_\_\_

29. What language(s) do you speak at home?

English  Spanish  Tagalog  Other: \_\_\_\_\_

30. How long have you lived in Solano County?

Less than 1 year  1 – 5 years  6 – 10 years  11 – 20 years  Over 20 years  I have lived here all my life

31. Household income:

Less than \$20,000  \$20,000 to \$29,000  \$30,000 to \$49,000  
 \$50,000 to \$74,000  \$75,000 to \$99,999  Over \$100,000

32. Your highest education level:

Less than high school graduate  High School Diploma or GED  Bachelor’s degree or higher  
 Associates of Arts/Science  Other: \_\_\_\_\_

**Thank you very much for your response and for taking time to complete this survey!**

Please return completed surveys as directed. If you would like more information about this community project, please contact us at  
Solano County Department of Health and Social Services, Public Health Division  
275 Beck Ave, MS 5-240, Fairfield, California 94533  
Tel: (707) 784-8600

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**If you would like to be entered in our raffle, please fill out the information below!**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_