

Neighborhood Name: _____ Date _____

Community Health Education Needs Assessment Questionnaire

Health:

1. How would you describe someone who is healthy?
2. What do you think people have to do to stay healthy?
3. How would you rate your health?
Excellent Very good Good Fair Poor
4. What do you do to stay healthy?

Nutrition:

1. Tell me what you eat and drink on a daily basis during the summer? During the winter?
2. Tell me how many meals you typically eat and how often you eat snacks?
3. What kinds of foods and drinks do you think are healthy?
4. How often do you or the people you live with drink alcohol in a week?
5. What might prevent you from eating healthy?
6. What do you do to prevent getting sick from what you eat or drink?

Exercise:

1. What does exercising mean to you?
2. How often do you exercise in a week?
 - a. If yes, what do you do for exercise?
 - b. How long do you exercise at one time?
3. (If applicable) What prevents you from exercising on a regular basis?

Respiratory:

1. Do you or any of the people you live with smoke tobacco? Yes No
2. Do you use an indoor wood burning oven or stove? Yes No
If yes, does your oven or stove have a vent to the outdoors? Yes No
3. What do you do to prevent problems with your breathing?
4. What do you do to keep from getting a cold or the flu?

Neighborhood Name: _____ Date _____

Sleep:

1. How many hours do you sleep each night?
2. How often do you have trouble falling or staying asleep?

If there are problems sleeping, then ask: What prevents you from falling or staying asleep?

Stress/Depression:

1. How would you describe the feeling of stress?
2. What makes you feel stressed?
3. What makes you feel sad?
4. When you are feeling stressed or sad, what do you do to make yourself feel better?

Reproductive health

1. Have you had sex in the last six months? Yes No
2. Do you use birth control? Yes No
 - a. If yes, do you use it? What do you use?
 - b. What prevents you from using birth control every time you have sex?
3. Tell me what you know about sexually transmitted infections?
 - a. Do you use something to protect yourself from sexually transmitted infections?

Yes	No
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 - i. If yes, what do you use? _____

Do you use protection every time you have sex?	Yes	No
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 - ii. If no, what prevents you from protecting yourself from sexually transmitted infections?
4. What do you know about checking yourself for breast cancer? (Women only)
5. What do you know about how to detect cervical cancer? (Women only)
 - a. Have you ever received an exam for cervical cancer? Yes No

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Health Promotion:

1. What do you do to keep yourself and your family healthy?
2. What do you do to prevent illnesses from mosquitos? (such as dengue, malaria)
3. How often do you or the people you live with go to the clinic (consultorio)?
4. What do you or the people you live with go to the clinic (consultorio) for?
5. What prevents you or the people you live with from using the clinic?
6. Is there anything else we should know about your health or what prevents you from being healthier?

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On a scale on 1 to 5 with 1 meaning not important and 5 meaning very important, how important is it for you to learn more about:

1. Healthy eating and drinking

1	2	3	4	5
Not important				Important

2. Exercise

1	2	3	4	5
Not important				Important

3. Improving sleep

1	2	3	4	5
Not important				Important

4. Managing stress

1	2	3	4	5
Not important				Important

5. Preventing infections such as colds, flu, stomach illnesses and respiratory diseases

1	2	3	4	5
Not important				Important

6. Preventing illness from mosquitoes

1	2	3	4	5
Not important				Important

7. Family planning

1	2	3	4	5
Not important				Important

8. Preventing sexually transmitted infections

1	2	3	4	5
Not important				Important

9. Quitting smoking

1	2	3	4	5	n/a
Not important				Important	

10. Reducing alcohol use

1	2	3	4	5	n/a
Not important				Important	

11. Cancer prevention

1	2	3	4	5
Not important				Important

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Demographic Questions

1. What is your gender? Male Female
2. What is your birthday? Day _____ Month _____ Year _____
3. Are you? Single
 Married
 Living with a partner
 Divorced
 Widowed
 Separated
 Other _____
4. What grade did you finish in school? _____
5. Do you have children? Yes No
 What are their ages? _____
6. How many people live in your household? _____
 What are their ages? _____
7. Do you rent or own this house? Rent Own Other _____
8. Is anyone in the household living with a health problem? Yes No
 If yes, what is their age and what is the problem(s)? _____

9. How many people in the household earn money during the year? _____

 What do they do to earn money? _____

