

HEALTH CLINIC NEEDS ASSESSMENT

This survey is designed to help the staff at **HEALTH CLINIC** have a better understanding of the needs of our patients. We ask that you fill it out completely and return it to **YOUR DOCTOR/MEDICAL ASSISTANT**. Thank you for helping us better serve the community.

CLINIC NAME (clinic has more than one site or location)

1. In your opinion, what are the biggest problems adults face in the community?

Check all that apply

- Inability to pay bills on time
- Stress
- Lack of education
- Lack of assets
- High rent/mortgage
- Alcohol or substance abuse
- Low wages
- Nowhere to turn for help in a crisis
- Unemployment
- Domestic Violence
- Healthcare
- None
- Other _____

2. In your opinion, what are the biggest problems young people (ages 5-17) face in the community?

- Not much to do outside of school
- Lack of adult role models
- Adults not in touch with the needs of youth
- Stress
- Depression
- Alcohol/ drug abuse by youth
- Alcohol/drug abuse by in family
- Violence
- Language/culture
- None
- Other _____

3. Below we have listed several training and assistance programs. Please rate each based on how much you think they are needed in the community.

a. Parenting skills training:

- Most needed
- Somewhat needed
- Not needed
- Don't know

b. Adult literacy skills training

- Most needed
- Somewhat needed
- Not needed
- Don't know

c. Adult education/GED classes

- Most needed
- Somewhat needed
- Not needed
- Don't know

d. Childcare

- Most needed
- Somewhat needed
- Not needed
- Don't know

e. Affordable housing

- Most needed
- Somewhat needed
- Not needed
- Don't know

f. Food assistance

- Most needed
- Somewhat needed
- Not needed
- Don't know

g. Youth programs (ages 5-12)

- Most needed
- Somewhat needed
- Not needed
- Don't know

h. Teen programs (ages 13-18)

- Most needed
- Somewhat needed
- Not needed
- Don't know

i. Employment assistance

- Most needed
- Somewhat needed
- Not needed
- Don't know

j. Help for people unable to pay a gas/electric bill

- Most needed
- Somewhat needed
- Not needed
- Don't know

k. Help for people unable to pay a water bill

- Most needed
- Somewhat needed
- Not needed
- Don't know

l. Homeless services or shelters

- Most needed
- Somewhat needed
- Not needed
- Don't know

m. Healthy relationship programs/classes

- Most needed

- Somewhat needed
- Not needed
- Don't know

n. Help for people who are unable to pay their rent

- Most needed
- Somewhat needed
- Not needed
- Don't know

o. Support groups

- Most needed
- Somewhat needed
- Not needed
- Don't know

p. If you selected support groups as being needed, what support groups do you think are needed?

4. Are you or someone you know unable to pay a utility bill (such as gas or water)?

- Yes, and I know how to get help
- Yes, and I don't know how to get help
- No

5. Are you or someone you know experiencing homelessness?

- Yes, and I know how to get help
- Yes, and I don't know how to get help
- No

6. Are you or someone you know unable to secure childcare?

- Yes, and I know how to get help
- Yes, and I don't know how to get help
- No

7. Are you or someone you know a victim or survivor of domestic violence?

- Yes, and I know how to get help
- Yes, and I don't know how to get help
- No

8. Are you or someone you know unemployed?

- Yes, and I know how to get help

- Yes, and I don't know how to get help
 - No
9. Do you or someone you know not have enough food?
- Yes, and I know how to get help
 - Yes, and I don't know how to get help
 - No
10. Are you or someone you know experiencing parental stress?
- Yes, and I know how to get help
 - Yes, and I don't know how to get help
 - No
11. Are you or someone you know experiencing mental health problems?
- Yes, and I know how to get to help
 - Yes, and I don't know how to get help
 - No
12. Would you or someone you know like to have counseling?
- Yes, and I know how to get help
 - Yes, and I don't know how to get help
 - No
13. What do you consider to be domestic violence?
- Check all that apply
- Physical abuse (hitting, punching, slapping)
 - Verbal abuse (name calling)
 - Emotional abuse
 - Sexual abuse (being made to have sex/engage in sexual acts when you don't want to)
 - Feeling controlled or helpless
 - All of the above
 - None of the above
 - Other _____
14. Have you ever sought help (for yourself or for someone else) for domestic violence?
- Yes
 - No
15. If you answered yes to the previous question, what did you do?
- N/A does not apply
 - Found shelter or support program
 - Hit the abuser/batter back
 - Had a few drinks (or used another substance to cope)
 - Received support from my place of worship

- Called the police
- Got a restraining order
- Counseling (group or individual)
- Left relationship/moved away
- Called a family member to intervene
- Had the abuser leave the home
- I am currently in an abusive relationship
- I am in the same relationship, no longer abusive.
- Other _____

16. Do you know someone who has committed acts of domestic violence?

- Yes
- No

17. If you saw or knew domestic violence was happening, how would you respond?

- Mind my own business, it does not concern me
- Only get involved if it is a family member or someone I love
- Tell someone I trust (pastor, friend, etc.)
- Refer to a domestic violence agency
- Refer to the police
- Intervene/stop the abuser
- Call 911
- Listen and/or pray
- Other: _____

18. Do you believe there are adequate resources in the community to assist someone who is experiencing domestic violence?

- Yes
- No
- I don't know

19. If you answered no to the previous question, what do you believe is needed?

- More programs/services available from my health care provider
- Domestic violence support groups
- Information and referrals to other agencies
- Make information available in places I frequent (beauty/barbershops, grocery stores etc.)
- Someone willing to meet me someplace safe
- Other _____

20. Are you aware of any domestic violence shelters, programs or organizations that provide services to the community?

- Yes

- No
- I don't know

21. If you answered yes to the previous question, what is the name of the organization?

22. Are you

- Male
- Female
- Other

23. Age

- Under 20
- 20-24
- 25-39
- 40-59
- 60-64
- 65-79
- Over 80

24. Marital status

- Single/never married
- Married
- Divorced
- Widowed
- Separated

25. Race/Ethnicity

- Black/African American
- White/Caucasian
- Bi-racial/Multi-racial
- American Indian
- Alaskan Native
- Hispanic/Latino
- Other: _____

26. Number of people in your household?

- 1
- 2
- 3
- 4
- 5
- 6
- 7

8+

27. Household income (annual)

No Income

Less than 10,000

10,001-20,000

20,001-30,000

30,001-40,000

40,001-50,000

50,001-60,000

60,001-70,001

Above 70,000

28. What is the highest level of education you have completed?

Some grade school

Completed grade school

Some high school

Completed high school

Some technical school

Completed technical school

Some college

Associates Degree

Bachelor's Degree

Master's Degree

Doctorate

Other professional certification