

Appendix B SAMPLE

Community Needs Assessment Survey

Household Information

1. Are you an adult 18 or over? (*circle one*)

Yes	No
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2. Are you the head of household? (*circle one*)

Yes	No
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3. Does anyone in your household have a physical or mental disability? (*circle one*)

Yes	No	No Response
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Community/Household Needs

4. How would you rate the following issues for your household?

	Serious Problem	Moderate Problem	Not a Problem	Does not apply to my household
Availability of job training opportunities				
Availability of jobs for adults				
Availability of jobs for youth				
Education				
Child-care services				
Cost of living				
Income/Wages				
Debt				
Financial Security				
Availability of Financial Services				
Availability of Financial Counseling				
Elderly living assistance (62+)				
Availability of health Care				
Health of residents				
Seeking employment with a criminal record				
Obtaining a degree/diploma with a criminal record				
Substance abuse services				
Substance abuse treatment				

5. What are the things that make it difficult for you or other adults in your household to find and/or keep work? (check all that apply)

Barrier	<input checked="" type="checkbox"/>
Nothing	
Need affordable Childcare	
Caring for a family member who is sick or disabled	
Do not speak English well	
Need Transportation	
Need job experience	
Need job training	
No job opportunities	
Do not have a high school diploma or GED	
Do not have a college degree	
Disability	
Criminal record	
Child Care	
Transportation	
Other (specify)	
Don't Know	
No response	

6. Do you or any others in your household have interest in the following? (check all that apply)

Interest	<input checked="" type="checkbox"/>
GED/ Adult Education	
Vocational Training	
Increasing income	
Getting a job	
Getting a better job	
Saving money	
Eliminating Debt	
2-year college	
4-year college	
Other (specify)	

7. Do you or another adult in your household have difficulty with any of the following? (check all that apply)

Subject/Skill	<input checked="" type="checkbox"/>
Reading	
Math	
Speaking English	
Reading English	
Writing English	
Using a computer	

8. What are the primary health care needs of your household? (check all that apply)

Health Care Needs	<input checked="" type="checkbox"/>
Primary health care	
Pediatric (child) care	
Prenatal (pregnancy) care	
Dental care	
Health care education/prevention	
Nutrition and exercise programs	
Services to help alleviate stress, anxiety, depression	
Assistance with daily living for elderly/disable residents	
Health screening services	
Substance abuse treatment	
Stop smoking programs	
Stop drinking programs	
Transportation to health care services	
Other (specify)	
Don't know	
None	
No response	

9. What is your gender? (circle one)

Gender	<input checked="" type="checkbox"/>
Identifies as Female	
Identifies as Male	
Other	

10. What is your age?

Age	<input checked="" type="checkbox"/>
18-24	
25-34	
35-44	
45-54	
55-64	
65 or older	
No response	