

Princeton Community Hospital Community Health Needs Assessment

Princeton Community Hospital is conducting a Community Health Needs Assessment (CHNA) Survey. By answering these questions, you will help us identify the most important health needs in your community. The information obtained from the CHNA will be used in the development of an action plan to improve the health of local community members.

* 1. What ZIP code is your home located? (enter 5-digit ZIP code; for example, 24740)

* 2. Have you or someone in your household used the services of Princeton Community Hospital or Behavioral Health Pavilion of the Virginias in the past 24 months?

Yes

No

* 3. If you answered "No" in question 2, at which hospital were services rendered?

Raleigh General Hospital

Giles Community Hospital

Bluefield Regional Medical Center

Welch Community Hospital

Wythe County Community Hospital

Not Applicable

Other (please specify)

* 4. If you did not receive care at PCH, Please choose the reason or reasons why you did not go to PCH for your care:

Physician referral

Insurance coverage

Closer, more convenient

Quality of care/lack of confidence

Services not available at Princeton Community Hospital

Other (please specify)

* 5. What keeps you from getting medical care that you need?

	Not a problem	A small problem	A major problem
Cost of assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not eligible/do not qualify for assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of childcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do not know where to go for assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do not want to ask for assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assistance is not available in my area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prior bad experience with obtaining assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have to work during business hours of assistance provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health or disability prevents me from seeking assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 6. Do you have any of the following residents living in your household?

<input type="checkbox"/> Children under the age of 18	<input type="checkbox"/> Special needs Child/Adults
<input type="checkbox"/> Parents	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> Grandparents	

* 7. Did you receive dental care in the past 12 months?

Yes

No

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* 8. What are the reasons that you have not seen a dentist?

- Cost
- Lack of insurance
- Location/proximity
- Not accepting new patients
- Other (please specify)

* 9. What is your employment status?

- Full Time
- Part Time
- Retired
- Disabled
- Unemployed - actively searching
- Unemployed - not actively searching

* 10. Do you and/or your family have a primary care physician?

- Yes - please answer Questions 10 & 11
- No - skip to Question 12

11. If yes, are you able to get an appointment with your primary care physician when needed?

- Yes
- No

* 12. How satisfied were you or someone in your household with the quality of care received at your primary care physician's office?

- | | Extremely Satisfied | Satisfied | Neutral | Dissatisfied | Extremely Dissatisfied | N/A |
|--------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------------|-----------------------|
| Please select one: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

* 13. If no, then what kind of medical provider do you use for routine care?

- Community Health Center
- Health Department
- Emergency Room/Hospital
- Other (please specify)
- Urgent Care (e.g. MedExpress)
- Not Applicable

14. Do you or anyone in your household have any of the following conditions? (Select all that apply)

- Diabetes
- High Blood Pressure
- Cancer
- Long term acute care
- Bariatrics/Obesity
- Hepatitis B
- Opioid Abuse
- Other (please specify)
- Substance Abuse
- Behavioral/Mental health
- High Cholesterol
- Heart Disease
- Sleeping Disorders
- Hepatitis C
- Other Drug Abuse
- Depression/Anxiety Disorders
- Sexually transmitted diseases
- Joint , bone or muscle pain
- Neurology disorders
- Hepatitis A
- Alcohol Abuse
- None of the Conditions Listed

15. If you or anyone in your household is not receiving treatment for items selected in question #14, please select why:

- Lack of Insurance
- I do not want treatment
- I do not have any of the above mentioned conditions
- I am receiving treatment for all mentioned conditions
- Other (please specify)

* 16. Please select your primary health insurance carrier (select only one):

- Medicare
- Medicaid
- Private Insurance
- I do not have insurance
- Other (please specify)

* 17. What is your age?

- Under 18
- 18-24
- 25-40
- 41-64
- 65+

* 18. What is your gender?

- Male
- Female

* 19. What is your marital status?

- Single
- Married
- Divorced
- Widowed
- Separated
- Civil Union

* 20. What is your race?

- Caucasian
- American Indian/Alaska Native
- Asian
- Multi-racial
- Other (please specify)
- Hispanic
- African American
- Prefer not to answer

* 21. How many people currently live in your household?

* 22. What is your approximate annual household income?

- | | |
|---|---|
| <input type="radio"/> \$0 - \$24,999 | <input type="radio"/> \$125,000 - \$149,999 |
| <input type="radio"/> \$25,000 - \$49,999 | <input type="radio"/> \$150,000 - \$174,999 |
| <input type="radio"/> \$50,000 - \$74,999 | <input type="radio"/> \$175,000 - \$199,999 |
| <input type="radio"/> \$75,000 - \$99,999 | <input type="radio"/> \$200,000 and up |
| <input type="radio"/> \$100,000 - \$124,999 | |

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

- | | |
|---|--|
| <input type="radio"/> Middle School | <input type="radio"/> Four year college degree |
| <input type="radio"/> High School | <input type="radio"/> Graduate degree |
| <input type="radio"/> Associate degree/technical school | |

24. Do you have any other thoughts on the level and variety of care provided in the community or by Princeton Community Hospital?