

Community needs assessment survey

Your answers help decide which local problems get attention first. Please do not write your name. Answer for the area where you live.

Neighborhood or town

Date

For each statement, tick one box from 1 (strongly disagree) to 5 (strongly agree).

1 Which of these are the biggest problems where you live? (tick all that apply)

- ☐ Housing costs ☐ Jobs and pay ☐ Health care ☐ Mental health ☐ Getting around ☐ Childcare
☐ Safety ☐ Food costs ☐ None of these

STATEMENT	STRONGLY DISAGREE					STRONGLY AGREE				
2 People here can find a home they can afford.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5					
3 People here can find work that pays enough to live on.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5					
4 I can see a doctor or nurse when I need one.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5					
5 Help for mental health or addiction is easy to find here.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5					
6 I can get to work, shops and appointments easily.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5					
7 Families here can find childcare they can afford.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5					
8 I feel safe walking in my neighborhood after dark.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5					
9 Healthy food I can afford is easy to buy near me.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5					
10 I know where to go for help with rent, food or bills.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5					

11 What one change would make life better for people here?

12 What is the best thing about this area, the thing worth protecting?

Thank you. Your answers are anonymous.

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Optional questions (1 of 3)

Add any of these to the core questions. Keep the numbering running on from page one.

Your household's needs

13 In the past 12 months, has your household gone without any of these because of cost? (tick all that apply)

- ☐ Food ☐ Rent or mortgage ☐ Heating or power ☐ Medicine ☐ Phone or internet
☐ None of these ☐ Prefer not to say

14 How sure are you that you can stay in your current home for the next six months?

- ☐ Very sure ☐ Fairly sure ☐ Not sure ☐ I have no stable home ☐ Prefer not to say

15 Which of these has anyone in your household used in the past year? (tick all that apply)

- ☐ Food pantry ☐ Help with rent or bills ☐ Job training ☐ Free or low-cost clinic ☐ Childcare help
☐ Senior services ☐ None of these

16 The last time you looked for help, how easy was it to get?

- ☐ Very easy ☐ Easy ☐ Hard ☐ Very hard ☐ I have not looked for help

17 What got in the way when you looked for help? (tick all that apply)

- ☐ Did not know where to go ☐ Hours did not suit me ☐ Too far to travel ☐ Forms were hard
☐ Language ☐ Felt judged ☐ Nothing got in the way

18 Does your home have internet good enough for forms and video calls?

- ☐ Yes ☐ Only on a phone ☐ No

Health and care

19 How would you rate your health overall these days?

- ☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor

20 Which health issues worry you most in this community? (tick all that apply)

- ☐ Long-term illness ☐ Mental health ☐ Drug use ☐ Alcohol use ☐ Dental health
☐ Health of older people ☐ Health of children

Optional questions (2 of 3)

Add any of these to the core questions. Keep the numbering running on from page one.

Health and care (continued)

21 Where do you usually go when you are sick or need health advice?

- ☐ A regular doctor or clinic ☐ Urgent care ☐ Hospital emergency room ☐ A pharmacy ☐ Nowhere

22 In the past year, what stopped you getting health care you needed? (tick all that apply)

- ☐ Cost ☐ No insurance ☐ Long wait ☐ Transport ☐ Clinic hours ☐ Language
☐ Nothing stopped me

23 Where do you get most of your health information?

- ☐ Doctor or nurse ☐ Health department ☐ Internet search ☐ Social media ☐ Family and friends

Having a say

STATEMENT

STRONGLY
DISAGREE

STRONGLY
AGREE

24 Local leaders listen to residents like me.

1

2

3

4

5

25 How do you usually hear about local services and events? (tick all that apply)

- ☐ Social media ☐ Text or email ☐ Word of mouth ☐ Local news ☐ Flyers or posters
☐ Church or school

26 What would make it easier for you to take part in local meetings? (tick all that apply)

- ☐ Evening or weekend times ☐ An online option ☐ Childcare ☐ Language support
☐ A closer venue ☐ Nothing, I take part

27 Would you help with a project on the top need this survey finds?

- ☐ Yes ☐ Maybe ☐ No

About you (optional)

28 Which neighborhood, town or ZIP code do you live in?

29 How long have you lived in this area?

- ☐ Under 1 year ☐ 1 to 4 years ☐ 5 to 9 years ☐ 10 years or more

Optional questions (3 of 3)

Add any of these to the core questions. Keep the numbering running on from page one.

About you (optional) (continued)

30 What is your age group?

- ☐ 18 to 24 ☐ 25 to 44 ☐ 45 to 64 ☐ 65 or over ☐ Prefer not to say

31 Who lives in your home? (tick all that apply)

- ☐ Children under 18 ☐ Adults 65 or over ☐ Someone with a disability ☐ Just me ☐ None of these

32 Do you own or rent your home?

- ☐ Own ☐ Rent ☐ Live with family or friends ☐ Other

33 How well does your household income cover your basic needs?

- ☐ Comfortably ☐ Just about ☐ Not quite ☐ Not at all ☐ Prefer not to say

34 Which language do you speak most at home?

Thank you. Your answers are anonymous.

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