Health Survey for City of Galion Residents

Thank you for completing this brief survey.

This will help the Galion City Health Department (GCHD) gain insights on health priorities of the community.

To complete this survey, you may:

-Scan the QR code in the top right corner with the camera on your smartphone, or

-You may fill out this paper survey and mail it back to the health department (or drop it off) at:

GCHD

113 Harding Way E

Galion, OH 44833

1. In which area of Galion do you live?
2. Northeast
3. Northwest
4. Southeast
5. Southwest
6. Other (please specify): \_\_\_\_\_\_\_\_\_\_\_
7. I prefer not to answer
8. What do you believe are the top three most significant factors that affect health in our community?

(Choose up to three options below by circling the letter next to your answer.)

1. Access to childcare
2. Adverse childhood experiences (ACEs)
3. Chronic diseases (e.g., asthma, cancer, COPD)
4. Covid-19
5. Crime/Violence
6. Health insurance coverage
7. HIV/AIDS and STIs
8. Housing affordability/quality
9. K-12 student success
10. Local access to healthcare
11. Maternal and infant health
12. Nutrition and access to healthy foods
13. Physical activity
14. Poverty/economic security
15. Tobacco and nicotine use
16. Transportation
17. Unmet need for mental health care
18. Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
19. Of the following list, what do you believe are the top three most significant health outcomes in our community? (Choose up to three options below by circling the letter next to your answer.)
	1. Childhood conditions (e.g., asthma, lead poisoning)
	2. Depression
	3. Diabetes
	4. Drug overdose deaths
	5. Heart disease
	6. Infant mortality/maternal morbidity/preterm births
	7. Youth drug use
	8. Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
20. How close do you live to the nearest railroad, factory, manufacturing, or industrial facility from your home?

(Choose one option below by circling the letter next to your answer.)

* 1. Less than one mile
	2. One to two miles
	3. More than two miles but fewer than five miles
	4. More than five miles away
1. What are some things you believe would make it easier for you or your family to live a healthier lifestyle?

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1. What are some things you believe would make it easier for your community to live a healthier lifestyle?

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1. What is your age range?
	1. 0-17
	2. 18-29
	3. 30-44
	4. 45-64
	5. 65-79
	6. 80-120
	7. I prefer not to answer
2. Which race or ethnicity best describes you? (Please choose only one.)
	1. American Indian or Alaskan Native
	2. Asian/ Pacific Islander
	3. Black or African American
	4. Hispanic
	5. White/Caucasian
	6. Two or more/ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	7. I prefer not to answer
3. Please specify your gender.
	1. \_\_\_\_\_\_\_\_\_\_\_\_\_
	2. I prefer not to answer

Thank you for completing this survey!