

## Garrett County & Surrounding Areas Community Health Assessment (2022 – 2024)

The following survey is being conducted by the Garrett County Health Department in partnership with the Garrett County Local Management Board, Garrett County Behavioral Health Authority, Mountain Laurel Medical Center, and Garrett Regional Medical Center.

This survey should take approximately 2-5 minutes to complete, and all responses are anonymous. The results of this survey will help determine the prioritization of the next Garrett County Community Health Improvement Plan.

Please do not enter any personally identifiable information in any open text fields. Once you complete the survey, you will have the opportunity to enter your name in the prize drawing. Please note, each person may only take the survey and enter the prize drawing once.

Thank you for taking time to help make our local communities healthier places to live, work, and play!

i. What is your zip code?	
Volum appender	

2. What issues matter most to you? Select all that apply.*
Maternal Health
Child and Adolescent Health
Physical Activity
Nutrition
Chronic Diseases (Cancer, Heart Disease, Diabetes, etc)
Oral Health
Mental Health
Substance Abuse (Opioids and Prescription Medications, Alcohol, Tobacco, and Other Drugs)
Environmental Health (Food Safety, Clean Water, Climate Change, etc)
Child Maltreatment (Abuse & Neglect)
Aging Populations
LGBTQA+ (Lesbian, Gay, Bisexual, Transgender, Queer, Asexual, +) Care
Veterans
Vaccines
Homelessness
Sexually-Transmitted Infections (STIs/STDs)
Domestic Abuse
☐ Disabilities
Crime
☐ Education

Transportation
Affordable Housing
Jobs, Wages, and Economic Development
Health Insurance
Lack of Food (Food Insecurity)
Communication and Access to Information
Language Barriers
Discrimmination
Social Isolation
Access to Healthcare
COVID-19
Obesity
Other:

3. What is your age? <sup>*</sup>
O <18
O 18-24
O 25-34
O 35-44
O 45-54
O 55-64
O 65+
4. What is your gender? <sup>*</sup>
○ Female
O Male
O Non-Binary
O Prefer Not to Answer

5. What is your	race?*		
American Indian			
O Asian			
O Black			
O Hawaiian / Other Pacific Islander			
O White			
O Bi-Racial			
Multi-Racia	ıl		
O Prefer Not	to Answer		
Other:			
6. What is your	highest completed level of education?*		
6. What is your			
	or Less		
8th Grade o	or Less		
8th Grade o	or Less School Ol Graduate/GED		
O 8th Grade of Some High	or Less School ol Graduate/GED		
Some High High School	or Less School Of Graduate/GED ege School		
O 8th Grade of Some High O High School Some Colle	or Less School Of Graduate/GED ege S Degree Degree		
O 8th Grade of Some High O High School O Some Colle O Associate's O Bachelor's O Graduate D	or Less School Of Graduate/GED ege S Degree Degree		

7. What best describes your status? Select all that apply.*
☐ Unemployed
☐ Employed
Student
☐ Volunteer
Retired
8. What is your household income?*
O Under \$15,000
O Between \$15,000 and \$29,999
O Between \$30,000 and \$49,999
O Between \$50,000 and \$74,999
O Between \$75,000 and \$99,999
O Between \$100,000 and \$150,000
Over \$150,000

Finish