

# Joseph F. Sullivan Center: Oconee County Healthcare Needs Survey

Thank you for completing this survey on the healthcare needs for Oconee County. We appreciate your feedback and your answers will be kept confidential.

## General Information

Are you male or female?

- Male  Female

What is your age?

\_\_\_\_\_

How many people currently live in your household?

\_\_\_\_\_

How many people less than 18 years old?

\_\_\_\_\_

In your household, how many females 30-64 years old?

\_\_\_\_\_

How many people over 64 years old?

\_\_\_\_\_

Would you describe yourself as:

- Black/African American  American Indian/Native American  Multi-Racial  
 Asian  Pacific Islander  Prefer not to answer  
 White/Caucasian  Hispanic/Latino

What language do you mainly speak at home?

- English  Some other language \_\_\_\_\_  
 Spanish

## Healthcare Information

How long has it been since your last visit with a healthcare provider?

- Less than 1 year  Greater than 10 years ago  
 5 - 10 years ago

How far do you have to travel to see your family care physician?

- 1 - 10 miles  11 - 30 miles  31 - 60 miles  More than 60 miles

In general, how would you rate your overall health?

- Excellent  Good  Fair  Poor

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If a health clinic was held nearby, what hours could you use the clinic?

- 8:00 am – 11:00 am                       2:00 pm – 4:30 pm  
 11:00 am - 2:00 pm

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What day(s) would you be able to use the clinic?

- Monday                                       Wednesday                                       Friday  
 Tuesday                                       Thursday

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Do you currently have medical insurance?

- Yes, please specify what type \_\_\_\_\_  
 No

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How easy is it to find a doctor in your area?

- Easy                                       Moderate                                       Difficult

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Do you currently use tobacco products?

- Yes    No

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### Additional Feedback

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What health care services would you like to see offered in Westminster?

- Sick Visits                       Wellness Screenings                       Recreation Therapy  
 Flu shots                       Vaccinations                       Fitness Assessments  
 Physicals                       Senior Care                       Nutritional Counseling/Weight Management  
 Mammograms                       Special Needs Care                       Other \_\_\_\_\_

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Please share any additional comments, questions, or concerns.

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### Personal Information

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If you would like for someone to contact you about this survey, please provide your contact information: