

HOUSE LEADERS MEETINGS 2009

Your opinion counts, please share:

Gender: Male Female

Age: _____

Education: **less than High School High School Some College College Graduate**

Marital Status: **Married Single Divorced Widowed Separated With Partner**

Internet access at home: Yes No

Employed: **Full time (benefits) Full time (some benefits) Part-Time Unemployed Unemployed (long**

Homemaker Other: _____

Place of Residence: Address _____

Time for Work; **Day Shift Night Shift**

Type of Work: _____

Ethnicity: **African African- American Latin American Pacific Islander Asian Asian-American**

European European-American Other: _____

Travel to work by **Circle all that you use:** car bus walk bike other: _____

Income:

Housing: Rent Share Rent Own Other; _____ Rent/Mortgage: _ \$ _____

Languages spoken at home: _____

Age of Children: _____

Place of Worship (Name): _____

Do you volunteer? Yes No Where do you Volunteer? _____

Total Volunteer hours in a month. _____

Name of the Community Center that you often visit: _____

Do you have health insurance now? Yes No

When did you last have a health insurance? Month and Year _____

If you have insurance how much do you pay ? _____

When was the last time you or any member of your immediate family visit the emergency?(Month and year) ____

Why did you have to visit the emergency? _____

How much did you spend?

Who provides medical service: **Circle all**

1. **School (Name):** _____ 2. **La Maestra:** 3. **El Cajon Clinic:**

4. **City Heights Family Health Center:** 5. **Emergency Clinic** 6. **Planned Parenthood:**

7. **City Heights Wellness Center;** 8. **Healthy Kids:** 9. **Mid City Clinic:**

10: **Other** _____

Do you and your family go for annual check up?

Regular Sometimes Never

I am satisfied with the quality of medical service I receive.

Strongly agree Agree Disagree Strongly Disagree

Name of the Dentist: (Clinic) _____

Do you go for routine teeth cleaning? **Regular Sometimes Never**

How can the medical service be improved? Please suggest.

1. _____ 2. _____
3. _____

Does **anyone in your family** in City Heights have? **Asthma Diabetes**

Other illness: _____

If yes, who has it? Circle all that have:

Son daughter husband wife sister brother mother father aunt uncle cousins

Did the person receive very good medical care? Yes No

How's the health of the person who has the illness?

Excellent Good Not very good Other: _____

What are your children's favorite foods? Circle all **1. Hamburger and fries 2. Pizza**

3. Spaghetti/Pasta 4. Other _____

What fruits do **you** eat every day? _____ how many? _____

What fruits do your **children** eat? _____ how many? _____

Where do you get your fruits and vegetables from? **Circle all** that apply

Farmer's Market Yes No **Food Distribution Center** Yes No **Community Garden** Yes No

Other: _____

I eat less fruits at the end of the month.

Strongly Disagree Disagree Agree Strongly Agree

I eat less vegetables at the end of the month.

Strongly Disagree Disagree Agree Strongly Agree

What is your best source of protein everyday: _____

Have you worked in a community garden? Yes No

Would you be interested to work in a community garden?

Strongly agree agree disagree Strongly disagree

How many times in a **week** do you **eat out** with your family? _____ family? _____

How many times in a **month** do you **eat out** with your family? _____

Name the restaurants that your children like to go? _____

Do you walk or exercise 30 mins? **Yes No Sometimes** How many days in a week? _____

If you walk, do you feel safe?

Strongly Disagree Disagree Agree Strongly Agree

Do your children go to school by? **car bus other** _____

Do your children walk to school?

friends adult brothers &/or sisters Others: _____

Do your children attend afterschool program? Yes No What time do they come home? _____

How many hours of television do your children watch? _____

How many minutes do they spend outside playing every day? _____

What sports do your children play?

Soccer basketball swim baseball football dancing gymnastics Other: _____

I don't let my child play outside.

Strongly Disagree Disagree Agree Strongly Agree

I am happy with my child's grades in school.

Strongly Disagree Disagree Agree Strongly Agree

I am concerned about my children's friends.

Strongly Disagree Disagree Agree Strongly Agree

I am concerned about gang activity in my neighborhood.

Strongly Disagree Disagree Agree Strongly Agree

I am concerned about drug trafficking in my neighborhood.

Strongly Disagree Disagree Agree Strongly Agree

I am concerned about my child not finishing high school.

Strongly Disagree Disagree Agree Strongly Agree

I have neighbors who watch out for my children when I am not home.

Strongly Disagree Disagree Agree Strongly Agree

I am concerned about gang activity in my child's school.

Strongly Disagree Disagree Agree Strongly Agree

My children have not faced any racial problems in schools.

Strongly Disagree Disagree Agree Strongly Agree

What have you done to protect your children from getting into trouble?

1. _____ 2. _____

3. _____

What do you need to stay healthy?

a. Better access to healthcare for my children.

Immediate Need Very Important Important Not Important

b. Better access to healthcare for me.

Immediate Need Very Important Important Not Important

c. Improve education in the local schools.

Immediate Need Very Important Important Not Important

d. Better service in clinics.

Immediate Need Very Important Important Not Important

e. Cheaper access to medicines.

Immediate Need Very Important Important Not Important

f. Counseling to assist with domestic violence.

Immediate Need Very Important Important Not Important

g. More shelters from domestic violence.

Immediate Need Very Important Important Not Important

h. More ESL classes.

Immediate Need Very Important Important Not Important

i. More sex education classes for teenagers.

Immediate Need Very Important Important Not Important

j. Easier access to healthy food.

Immediate Need Very Important Important Not Important

k. More youth programs in the summer.

Immediate Need Very Important Important Not Important

l. More bus services.

Immediate Need Very Important Important Not Important

m. More adult job training programs.

Immediate Need Very Important Important Not Important

n. More places for youth/seniors/adults to exercise.

Immediate Need Very Important Important Not Important

o. Better access to child care.

Immediate Need Very Important Important Not Important

p. Better access to health screening (mammogram, lab testing etc.).

Immediate Need Very Important Important Not Important

q. More assistance to assist youth who are at risk of drugs or gang activity.

Immediate Need Very Important Important Not Important



Every one has a skill that the community can use, what is yours?

(for e.g. interpreter, computer skills, art and crafts)

Can we contact you? Please give your name and number _____

How can we earn your trust?

THANK YOU, With your help we will build a healthy community.