



Summit County Public Health would like to identify the environmental health concerns of Summit County residents. Environmental health is defined as the natural (e.g.: rivers, trees, air, etc.) and the built environment (e.g.: highways, neighborhoods, city landscape, etc.) that affect human health. Your input is important because it helps us understand what matters most to you and your family and helps us better serve the neighborhood. When thinking about your “neighborhood” and its effects on your household, consider the area that is a half-mile radius around your home. Results are expected to be published in April 2016 on www.scph.org. Please take a few minutes to complete the following survey

***Please note all questions marked with an asterisk (*) are required.**

1. Which of the following best describes you?*		2. What is your five-digit zip code?*	
<input type="checkbox"/> I live and work in Summit County <input type="checkbox"/> I live in Summit County, but I do not work in Summit County <input type="checkbox"/> I do not live in Summit County, but I do work in Summit County (please skip to Question 5) <input type="checkbox"/> I do not work or live in Summit County (please skip to Question 27)			
3. How long have you lived in Summit County?*		4. Do you own or rent your home?*	
<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-4 years <input type="checkbox"/> 5-9 years <input type="checkbox"/> 10-19 years <input type="checkbox"/> 20 or more years		<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	

5. How do you feel about the <i>amount</i> of the following in your neighborhood?*							
	Far too little 1	Too little 2	About the right amount 3	Too much 4	Far too much 5	Not Sure	N/A
Recycling facilities							
“Green space” (e.g.: trees, parks, gardens, etc.)							
Land development (e.g.: building of shopping malls, stores, housing development)							
Availability of locally grown food in stores							
Other (please specify)							

6. Think of your neighborhood’s appearance. If your neighborhood has any of the following, how much affect do you believe it has on you and your family’s health?*							
	Major affect 1	Moderate affect 2	Neutral 3	Minor affect 4	No affect 5	Not Sure	N/A
Abandoned commercial/industrial sites							
Abandoned homes in my neighborhood							
Land development (e.g.: building of shopping malls, stores, housing development)							
Other (please specify)							



7. How much of a *problem* are the following for you and your family's health in your neighborhood?*

	Extremely serious problem	Somewhat serious problem	Moderate problem	Minor problem	Not at all a problem	Not Sure	N/A
	1	2	3	4	5		
Dust in the air							
Air pollution (e.g.: passenger vehicle, commercial vehicle, industrial air pollution)							
Open burning/fire							
Odors							
Radon gas							
Asbestos							
Mold							
Indoor air quality (e.g.: smoking indoors)							
Flooding							
Recycling availability							
Access to public transportation							
Sidewalk conditions							
Sidewalk availability							
Use of pesticides/fertilizer							
Too few outdoor recreation facilities(e.g.: trails, bike paths, wildlife parks)							
Too few indoor recreation facilities (e.g.: community centers, gyms)							
Lead hazards (e.g.: lead paint in older homes, soil, and water)							
Industrial pollution (e.g.: ground chemicals, chemical waste, leaks, etc.)							
Pests (e.g.: bed bugs, rodents)							
Food safety							
Other (please specify)							

8. Please rate the *quality* (in your neighborhood) of the following issues as it affects your health.*

	Poor	Fair	Good	Very Good	Excellent	Not Sure	N/A
	1	2	3	4	5		
Drinking water							
Public sewer systems							
Individual septic systems							
Groundwater (e.g.: well water, springs)							
Natural water (e.g.: streams, rivers, lakes)							
Other (please specify)							

9. How *safe* do you feel walking through your neighborhood during:*

	Very Unsafe	Unsafe	Neither Safe or Unsafe	Safe	Very Safe
Daytime					
Evening					
Nighttime					



10. How would you rate the *appearance* of your neighborhood?*

Very Poor	Poor	Fair	Good	Very Good

11. In the past month, how often did you buy your *groceries* at the following locations?*

	None 1	Once 2	Twice 3	Frequently 4	Every Time 5	Not Sure
Convenience store (e.g. Walgreens, Dollar Store)						
Gas station/food mart (e.g.: GetGo, Circle K)						
Local corner store						
Small grocery store (e.g.: Aldi)						
Major grocery store (e.g. Acme, Giant Eagle, Marc's)						
Grocery superstore (e.g.: K-Mart, Target, Walmart)						
Wholesale supermarket club (e.g. BJ's, Sam's Club)						
Other (please specify)						

12. Besides the locations listed in the previous question, in the past six (6) months how often did you get food for your household from the following locations:

	Never 1	Almost Never 2	Sometimes 3	Almost Every Time 4	Every Time 5	N/A
Farmers market						
Home garden						
Community garden						
School cafeteria						
Food bank/pantry						
Senior cafeteria						
Church/community organization						
Home-delivered meal service						
Self-sourced (e.g.: hunting, fishing, etc.)						
Fast food/restaurant						



13. How would you rate the quality of the fresh food sold in your *most frequently* shopped grocery store?*

	Poor	Fair	Good	Very Good	Excellent	N/A
Fruits						
Vegetables						
Meats/protein						
Breads						
Dairy						

14. Think of the place you usually go to buy food for your household, how long did it take you to travel there?* (one-way)

- 0-4 minutes
- 5-9 minutes
- 10-19 minutes
- 20-29 minutes
- 30-44 minutes
- More than 45 minutes

15. How do you travel there?* (please select one)

- Car (your own)
- Car (someone else)
- Taxi
- Public transportation
- Walk
- Community Shuttle
- Bicycle/Motorcycle
- Other (please specify)_____

16. Do you believe there is anything in your neighborhood that is making any member of your household ill?*

- Yes
- No
- Not sure
- N/A

If yes, what and where?*

17. Thinking about the place where you work, is there anything in that environment that you believe *negatively* affects your health?*

- Yes
- No
- Not sure
- N/A

If yes, what and where?*

18. Do you believe there is anything *currently* in your environment where you live or work that is increasing your risk for cancer?

- Yes
- No
- Not Sure

If yes, what and where?*



19. You may have notices that climate change has been getting some attention in the news. Climate change refers to the idea that the world's average temperature has been increasing over the past 150 years, may be increasing more in the future, and that the world's climate may change as a result. Do you agree or disagree with this statement?

	Strongly disagree 1	Disagree 2	Neither agree or Disagree 3	Agree 4	Strongly agree 5	Not Sure

20. Climate change is a serious problem to my family's health. Do you agree or disagree with this statement?

	Strongly disagree 1	Disagree 2	Neither agree or disagree 3	Agree 4	Strongly agree 5	Not Sure

21. I can take actions to reduce the negative effects of climate change. Do you agree or disagree with this statement?

- Yes
- No
- Not Sure

If yes, please briefly explain.*

22. What is your gender? (Optional)

- Female
- Male
- Prefer not to answer

23. What is your race/ethnicity? (Optional)

- American Indian/Alaska Native
- Asian
- Black or African-American
- Hispanic (from any race)
- Native Hawaiian or Other Pacific Islander
- White
- Two or More Races
- Prefer not to answer
- Other (please specify)

24. What is your age?

25. How many people are currently live in your household? _____

26. Of these people, how many are under 18? If none, write zero _____

SURVEY PRIZE DRAWING

Thank you for completing the survey, if you would like to be entered into a drawing, please list your name, phone number, and/or email. An employee from Summit County Public Health will contact you if you are selected.

27. Contact Information

Name: _____
 Email Address: _____
 Phone Number: _____



To return this survey or for any questions regarding the content of this survey please email mwilson@schd.org
or call 330-812-3894.

Thank you completing this survey! 😊