



A coalition of medical and public health professionals, business leaders, government agencies, community based organizations, and individuals dedicated to improving the quality of life for people with asthma through networking, information sharing, and collaboration.

THE CHICAGOLAND ASTHMA NETWORK
Community Health Survey

The Chicagoland Asthma Network (CAN) is a task force of the Chicago Asthma Consortium. The mission of the CAN is to work with the community to identify informational needs and bring up-to-date information about asthma diagnosis, care, and treatment to the community.

The CAN's current project is creating a 2008-2009 Community Asthma Agenda, a plan of action to fight asthma from the grassroots up. We want to give the community a voice in building the services that will serve the community the best.

The CAN is conducting this Community Health Survey to identify the best way to deliver health information to the community. **Please help us serve you by completing the attached survey.**

THE CHICAGOLAND ASTHMA NETWORK
Become a member of the CAN!

Yes, I want to be a member of the Chicagoland Asthma Network!

Name: _____

Organization (if applicable): _____

Address: _____

Phone: _____ Fax: _____

Email: _____

If you would like to be a member of the Chicagoland Asthma Network, please complete the section above. Fax it to (773) 769-6505, mail it to 4541 N. Ravenswood Avenue, Suite 303, Chicago, IL 60640, or email amiller@cmschicago.com. Or give this form back to the person who gave you this survey.

THE CHICAGOLAND ASTHMA NETWORK
Community Health Survey

Please check *all* that apply.

1. What health topic(s) are a concern for you and your family?

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart disease/High cholesterol | <input type="checkbox"/> Drug or alcohol abuse |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Lung disease (COPD, emphysema) | <input type="checkbox"/> Other(s) _____ |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mental Health | |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Nutrition/Obesity | |

2. Would you like to receive information on these health topics?

- Yes No

3. In what format would you like to get health information?

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Cable TV | <input type="checkbox"/> Group education sessions | <input type="checkbox"/> Other (s) _____ |
| <input type="checkbox"/> Email | <input type="checkbox"/> One-on-one communication | |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Paper Handouts | |

4. Where do you get your health information *now*?

- | | | |
|---|--|--|
| <input type="checkbox"/> Beauty/barber shop | <input type="checkbox"/> Child's school | <input type="checkbox"/> Place of Employment |
| <input type="checkbox"/> Block club | <input type="checkbox"/> Doctor's office | <input type="checkbox"/> I do NOT currently receive any info |
| <input type="checkbox"/> Church | <input type="checkbox"/> Local library | <input type="checkbox"/> Other(s) _____ |

5. Where would you *like* to get your health information?

- | | | |
|---|--|--|
| <input type="checkbox"/> Beauty/barber shop | <input type="checkbox"/> Child's school | <input type="checkbox"/> Place of Employment |
| <input type="checkbox"/> Block club | <input type="checkbox"/> Doctor's office | <input type="checkbox"/> Other(s) _____ |
| <input type="checkbox"/> Church | <input type="checkbox"/> Local library | |

6. Who would be the best person/people to give you advice about a health care topic?

- | | | |
|-----------------------------------|--|--|
| <input type="checkbox"/> Employer | <input type="checkbox"/> Community Health Educator | <input type="checkbox"/> Other (s) _____ |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Pastor/Health Ministry | |

7. What challenge(s) do you and your family face in learning more about health topics of interest to you?

- | | |
|--|---|
| <input type="checkbox"/> Info does not apply to me | <input type="checkbox"/> Info is too complicated, and I don't understand it |
| <input type="checkbox"/> Info is not in my native language | <input type="checkbox"/> Other (s) _____ |

8. Where did you receive this survey? _____

9. What is your zip code? _____

10. What is your age? _____