



NAACP Kootenai County Branch 14AA

Health Survey

Please complete the following survey regarding the health care you received in North Idaho.
No information related to your identity will be retained:

1. Ethnicity (*circle one*):

American Indian/ Alaska Native Asian Black Hispanic Native Hawaiian/ Pacific Islander White Two or More

2. Gender? _____

3. Age: <18 18-29 30-49 50-64 65>

4. Residence: Zip Code or City _____

5. Has anyone from a clinic, emergency room, pharmacy, doctor or dentist’s office treated you in an unfair or insensitive way because of characteristics including ethnicity, culture, gender, disability, age, or sexual orientation? (*circle one*) Yes No

If yes, give examples: _____

6. For the above, what year did this occur and what type of services were you seeking?

7. Which of the following healthcare non-profits do you prefer to receive services from? (*circle one*) Bonner General Health Heritage Health Kootenai Health Panhandle Health District Other _____.

What is your reason for this preference? _____

8. Is there anything additional you’d like to share regarding the healthcare that you received?

Purpose: The Health Committee shall assess the health needs of the community.