

SALEM CITY HEALTH DISTRICT

Salem City

Please circle/check your location below.

Quality of Life Survey

Salem City Limits Outside City limits

On a scale of 1-5, please answer the following questions.

☐☐

1= Strongly Disagree/Very Dissatisfied, 2= Disagree/Dissatisfied, 3= neither Agree nor Disagree, 4= Agree/Satisfied, 5= Strongly Agree/Very Satisfied

1. How satisfied are you with the quality of life in our community? (Consider your sense of safety, well-being, participation in community life and associations, etc.)
2. How satisfied are you with the health care system in the community? (Consider access, cost, availability, quality, options in health care, etc.)
3. Do you Feel that this community is a good place to raise children? (Consider school quality, day care, after school programs, recreation, etc.)
4. Do you Feel this community is a good place to grow old? (Consider elder-friendly housing, transportation to medical services, churches, shopping; elder day care, social support for elderly living alone, meals on wheels, etc.)
5. Do you feel there is economic opportunity in the community? (Consider locally owned and operated businesses, jobs with career growth, job training/higher education opportunities, affordable housing, reasonable commute, etc.)
6. Do you feel the community is a safe place to live? (Consider residents perceptions of safety in the home, the workplace, schools, playgrounds, parks, and shops. Do neighbors know and trust one another? Do they look out for one another?)
7. Do you feel that our community has networks of support for individuals and families (neighbors, support groups, faith community outreach, agencies, or organizations) during times of stress and need?
8. Do you feel all individuals and groups have the opportunity to contribute to and participate in the community's quality of life?
9. Do you feel that all residents perceive that they –individuals and collectively- can make the community a better place to live?
10. Do you feel that community assets are broad-based and multi-sectoral? (There are a variety of resources and activities available county-wide)
11. Do you believe levels of mutual trust and respect are increasing among community partners as the participate in collaborative activities to achieve shared community goals?
12. Do you feel the community has an active sense of civic responsibility and engagement, and of civic pride in shared accomplishments? (Are citizens working towards the betterment of their community to improve life for all citizens?)

1	2	3	4	5
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Please remit via Email: Deputyregistrar@cityofsalemohio.org

Drop off at: 230 N. Lincoln Ave. Ste. 104 Salem, Ohio 44460

Mail to: 230 N. Lincoln Ave. Ste. 104 Salem, Ohio 44460

This survey is distributed by the Salem City Health District.
Results from this survey will be used as we develop the Salem City Health Needs Assessment.
Your local public health partner – working to protect our community.