

Community Health Survey Form Sample

This **community health survey form sample** is designed to collect essential data on the wellness and medical needs of local residents. It helps identify health trends, concerns, and resource gaps to improve public health initiatives. Utilizing this form ensures accurate and comprehensive information gathering for effective community health planning.

Personal Information

Full Name:

Age:

Gender:

 Select ▾

Address:

Health Information

Do you have any of the following chronic conditions? (Select all that apply)

- Diabetes
- Hypertension
- Asthma
- Heart Disease
- None

How would you rate your access to healthcare services?

 Select ▾

What are your main health concerns?

Lifestyle Information

How often do you exercise?

- Daily
- Weekly
- Sometimes
- Never

Do you smoke?

 Select ▾

Suggestions

Do you have suggestions to improve community health services?

Submit Survey