



# Trenton Health Survey

We want to know what is important to you. Thank you for completing this survey.

**1. Which of the following have a negative effect on your health and well-being?**  
(Select up to 5 that are most important to you)

- |  |  |
|--|--|
| <input type="checkbox"/> Bad air quality   | <input type="checkbox"/> Immigration status/papers                         |
| <input type="checkbox"/> Bad/unsafe housing                                      | <input type="checkbox"/> Jail/prison- my own/partner/family member         |
| <input type="checkbox"/> Cannot find medical care/doctor in my area              | <input type="checkbox"/> Lead in my home                                   |
| <input type="checkbox"/> Car accidents/dangerous roads                           | <input type="checkbox"/> No High School diploma/GED                        |
| <input type="checkbox"/> Childcare   | <input type="checkbox"/> Not a good reader                                 |
| <input type="checkbox"/> Discrimination/racism                                   | <input type="checkbox"/> Not enough healthy/nutritious food                |
| <input type="checkbox"/> Don't feel safe in my neighborhood                      | <input type="checkbox"/> Not enough job opportunities                      |
| <input type="checkbox"/> Don't feel safe in my relationship                      | <input type="checkbox"/> Not enough spaces for exercise                    |
| <input type="checkbox"/> Feeling alone or isolated                               | <input type="checkbox"/> Public Transit route/schedules don't fit my needs |
| <input type="checkbox"/> Fruits and vegetables cost too much                     | <input type="checkbox"/> Trouble paying for medications/care               |
| <input type="checkbox"/> Homelessness (living in shelter housing or with others) | <input type="checkbox"/> Water isn't safe to drink                         |
| <input type="checkbox"/> Housing is unstable or costs too much                   | <input type="checkbox"/> No health concerns                                |
| <input type="checkbox"/> Hunger  | <input type="checkbox"/> Other (Please specify):                           |

**2. Which health problems affect you the most? (Select up to 5)**

- |   |  |
|---|--|
| <input type="checkbox"/> Alzheimer's/dementia   | <input type="checkbox"/> Kidney disease  |
| <input type="checkbox"/> Asthma   | <input type="checkbox"/> Lung problems (trouble breathing, COPD, emphysema, etc.)      |
| <input type="checkbox"/> Cancer   | <input type="checkbox"/> Ongoing emotional upset (anger, depression, anxiety, etc.)    |
| <input type="checkbox"/> Chronic pain/Inflammation (swollen ankles, hands, knees, etc.) | <input type="checkbox"/> Oral/dental/teeth problems                                    |
| <input type="checkbox"/> Diabetes   | <input type="checkbox"/> Overweight/obesity  |
| <input type="checkbox"/> Daily/near daily use of drugs or alcohol                       | <input type="checkbox"/> Sexually transmitted infections (Herpes, HPV, HIV/AIDS, etc.) |
| <input type="checkbox"/> Daily smoking/tobacco use (inc. vapes/e-cigs)                  | <input type="checkbox"/> Sickle cell disease   |
| <input type="checkbox"/> Hearing problems   | <input type="checkbox"/> Stroke  |
| <input type="checkbox"/> Heart condition  | <input type="checkbox"/> Unplanned pregnancy   |
| <input type="checkbox"/> High blood pressure  | <input type="checkbox"/> Vision problems   |
| <input type="checkbox"/> High cholesterol   | <input type="checkbox"/> No health concerns  |
| <input type="checkbox"/> Infections/contagious diseases (tuberculosis, flu, etc.)       | <input type="checkbox"/> Other (Please specify):                                       |
| <input type="checkbox"/> Injuries (broken bones, burns, etc.)                           |  |



## Trenton Health Survey

### 3. What do you like about Trenton? (select all that apply)

- Annual events (National Night Out/Art All Night/AMP summer music)
- Availability of fresh fruits and vegetables
- City/neighborhood pride
- Clean air
- Clean water
- Easy to make friends/find a group or place that I belong
- Educational opportunities
- Faith-based community spaces
- Good leadership (at neighborhood/city level)
- Health care/good doctors
- Housing is affordable
- Job opportunities/employment
- Low-cost/free services (food pantries, housing/utility help, etc.)
- Medical transportation
- Places to socialize
- Public schools
- Public transportation
- Safe outdoor places to walk and play
- Senior/disability transportation
- Prefer not to answer
- Other (Please specify):

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### 4. What is the zip code where you live?

- 08608       08609
- 08611       08618
- 08629       08638
- Other (Please specify):

### 5. How many years have you lived there?

- Less than one year
- 1-3 years       5-10 years
- 3-5 years       10+ years

If less than one year, what zip code was your previous address?

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### 6. What is your gender?

- Female       Male
- Transgender
- Gender variant/non-conforming
- Prefer not to answer     Other:

### 7. What is your age in years?

- Under 21       40 - 49
- 21 – 24       50 - 59
- 25 – 29       60 - 64
- 30 – 39       65 and over
- Prefer not to answer

### 8. Which race/ethnicity best describes you? (select all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White
- Prefer not to answer
- Other (Please specify):