HQ2 — Creating a Safe Environment and Healthy People — HEURISTIC QUEST HEADQUARTERS

FUNDING PROVIDED WHOLE OR IN PART BY IDHS ILLINOIS DEPARTMENT OF HUMAN SERVICES

COMMUNITY PREVENTION NEEDS SURVEY

COMPLETE ONLINE — SCAN ME!

1 What are the biggest problems affecting your community right now? *(Select all that apply)*

- ☐ Substance Use / Drugs
- ☐ Alcohol Abuse
- ☐ Violence / Gun Violence
- ☐ Mental Health Concerns
- ☐ Homelessness
- ☐ Unemployment
- ☐ Youth Problems
- ☐ Gambling
- ☐ Lack of Healthcare
- ☐ Food Insecurity
- ☐ Other: _____

2 Which services do you believe are MOST needed in your community? *(Select all that apply)*

- ☐ Mental Health Counseling
- ☐ Substance Use Treatment
- ☐ Prevention Education
- ☐ Youth Mentoring
- ☐ Parenting Support
- ☐ Housing Assistance
- ☐ Peer Recovery Support
- ☐ Crisis Intervention
- ☐ Telehealth Services
- ☐ Transportation Assistance
- ☐ Case Management
- ☐ Medical Services
- ☐ Other: _____

3 Have you or someone close to you been affected by substance use, mental health concerns, violence, or trauma?

- ☐ Yes
- ☐ No
- ☐ Prefer Not to Answer

4 How comfortable would you feel receiving services through telehealth (phone/video)?

- ☐ Very Comfortable
- ☐ Somewhat Comfortable
- ☐ Unsure
- ☐ Uncomfortable
- ☐ I Do Not Have Access to Telehealth Technology

5 What barriers prevent people in your community from getting help? *(Select all that apply)*

- ☐ Cost
- ☐ Transportation
- ☐ Stigma / Shame
- ☐ Lack of Information
- ☐ No Insurance
- ☐ Childcare Issues
- ☐ Fear / Confidentiality Concerns
- ☐ Long Wait Times
- ☐ Technology / Internet Access
- ☐ Distrust of Systems
- ☐ Other: _____

6 What age groups need the MOST prevention and support services?

- ☐ Children (Under 12)
- ☐ Teens (13–17)
- ☐ Young Adults (18–25)
- ☐ Adults (26–54)
- ☐ Older Adults / Seniors (55+)

7 What is your preferred way to receive information or services?

- ☐ Phone
- ☐ Text
- ☐ Social Media
- ☐ Email
- ☐ Events
- ☐ Video
- ☐ Flyers / Posters
- ☐ Church or Community Organizations
- ☐ Community Outreach Workers

8 Do you have reliable access to the following? *(Select all that apply)*

- ☐ Smartphone
- ☐ Internet / Wi-Fi
- ☐ Computer or Tablet
- ☐ Private Place for Telehealth
- ☐ Transportation
- ☐ None of the Above

9 What would make you or others MORE likely to participate in prevention or wellness programs?

_____

_____

_____

_____

_____

10 What additional services or programs would you like to see in your community?

_____

_____

_____

_____

_____

11 What is your ZIP Code?

☐☐☐☐☐☐

12 Are you currently a parent, guardian, or caregiver for a child or dependent adult?

- ☐ Yes
- ☐ No

13 Are you involved with the justice, probation, parole, or reentry system?

- ☐ Yes
- ☐ No
- ☐ Prefer Not To Answer

14 Are you completing this survey as:

- ☐ Community Member
- ☐ Community Service Provider
- ☐ Healthcare Provider
- ☐ Faith Organization Representative
- ☐ Educator
- ☐ Other: _____

15 What is your gender identity?

- ☐ Female
- ☐ Male
- ☐ Non-Binary
- ☐ Transgender
- ☐ N/A
- ☐ Prefer to Self-Describe:

16 Which best describes your annual household income?

- ☐ > $25,000
- ☐ $25,000 - $49,999
- ☐ $100,000 or more
- ☐ Prefer Not To Answer

17 Are you a veteran?

- ☐ Yes
- ☐ No
- ☐ N/A

18 What is your race? *(Select all that apply)*

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ White
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Hispanic/Latino
- ☐ Middle Eastern or North African
- ☐ Prefer Not To Answer
- ☐ Another Race: _____

19 What is your age?

- ☐ 18–24
- ☐ 25–34
- ☐ 35–44
- ☐ 45–54
- ☐ 55–64
- ☐ 65+
- ☐ Prefer Not To Answer

20 What is your current employment status?

- ☐ Employed Full-Time
- ☐ Employed Part-Time
- ☐ Self-Employed
- ☐ Unemployed
- ☐ Student
- ☐ Retired
- ☐ Disabled

21 What is your current housing status?

- ☐ Own Home
- ☐ Rent Home / Apartment
- ☐ Living with Family or Friends
- ☐ Transitional Housing
- ☐ Shelter Housing
- ☐ Unhoused / Homeless