



Patient Questionnaire

What is your age range? (Select one)

Under 18

18-30

31-50

51-65

Over 65

What is your gender? (Select one)

Male

Female

Non-binary / Other

Access to Healthcare Services:

How far do you have to travel to reach the nearest healthcare facility?
(Select one)

Less than 5 miles

5-10 miles

10-20 miles

More than 20 miles

Do you have easy access to transportation to reach healthcare facilities?
(Select one)

Yes

No

Healthcare Needs:

Are there any specific healthcare services or facilities that you feel are lacking in our parish? If yes, please specify.

Have you or anyone in your household experienced difficulties in accessing healthcare services? If yes, please describe the challenges faced.

Are there any healthcare programs or initiatives you would like to see implemented in our parish to address specific health issues or concerns?

Health Concerns:

What are the most common health issues faced by members of our parish community?

Are there any particular health concerns or conditions that you feel are not adequately addressed in our area? If yes, please specify.

Community Support and Resources:

Are you aware of any community support services or resources available for healthcare needs in our parish? If yes, please list them.

How satisfied are you with the availability and effectiveness of community support services for healthcare needs in our parish? (Select one)

Very satisfied

Satisfied

Neutral

Dissatisfied

Very dissatisfied

Additional Comments:

Is there anything else you would like to share regarding healthcare needs and services in our parish?

A large, empty rectangular box with a thin black border, intended for the respondent to provide their answer to the question above. The box is currently blank.