

## CITIZEN HEALTH NEEDS SURVEY – MUNICIPALITY OF SAMARATE

Dear citizens,

To better understand the health needs of those living in Samarate, we created a questionnaire to help us gather useful information.

The questionnaire is anonymous, needs to be completed only once, and is open to all citizens of legal age. Multiple members of the same family can complete it (one questionnaire each).

It is a tool that allows us to better understand the needs, difficulties, and expectations of people living in our area and to guide future actions.

It only takes a few minutes to complete, but your contribution is invaluable.

We thank you in advance for your attention and cooperation.

The Health and Healthcare Commission

Mayor Alessandro Ferrazzi

Councilor for Health and Healthcare Cinzia Castiglioni

### PERSONAL INFORMATION

1. Gender

Male  Female

2. How old are you?

0-18 years old       19 to 45 years old       46 to 65 years old

66 to 80 years old       81 to 100 years old

3. What is your nationality?

Italian (by birth)       Italian (acquired)       Foreign

4. What is your educational qualification?

No qualification       Elementary school diploma       Middle school diploma

High school diploma       Bachelor's degree       Master's degree

Postgraduate doctorate

A qualification obtained abroad that I do not know how it corresponds to in Italy

5. What is your marital status?

- Single       Cohabiting       Divorced  
 Married       Separated       Widowed

6. Including yourself, how many members are there in your household? (Only include people living in the same household)

- 1 member     2 members     3 to 4 members     5 to 7 members

7. How is your cohabiting household composed? (If necessary, you can check more than one answer)

- Lives alone                       Couple with children               Parent with child  
 Couple without children       Spouse/Partner                       Friend

8. What is your current employment status?

- I am working               I am not working and not looking for work     Student  
 Retired                       Not working but looking for work  
 Homemaker               Attending training course                       Unable to work

9. Who works in your family? (You may select more than one answer if necessary)

- Only me     Spouse/partner     Children     Parents     No one

### **QUESTIONS ABOUT PERCEIVED HEALTH STATUS**

10. How would you describe your health status?

- I have no health problems     I have 1 to 3 health conditions               I have 4 to 6 health conditions  
 I have more than 6 health conditions

11. Are you self-sufficient in carrying out daily activities? (e.g., shopping, cooking, showering).

- Yes     No     Partially

12. How concerned are you about your health and that of your family at the moment?

| Mark the perceived value from 1 (not very concerned) to 5 (very concerned)                             | 1 | 2 | 3 | 4 | 5 |
|--|---|---|---|---|---|
|  |   |   |   |   |   |
| Lack of financial resources to pay for treatment   |   |   |   |   |   |
| Difficulty caring for a family member with health problems   |   |   |   |   |   |
| Lack of healthcare services for the type of service I am looking for (appointments, tests, procedures) |   |   |   |   |   |
| Excessively long waiting times for appointments and tests  |   |   |   |   |   |
| Difficulty accessing services when requesting IT support   |   |   |   |   |   |

**QUESTIONS ABOUT HEALTH-RELATED HABITS**

13. Do you smoke?  Yes  No

If you smoke, how many cigarettes per day? .....

Do you feel that smoking limits you in any activities?

Yes .....  No

If yes, would you like to quit smoking?  Yes  No

Do you feel you need help (e.g., psychological or medication) to help you quit?

Yes .....  No

14. How would you rate your diet?

Appropriate for my age  Yes  No

Do you feel you want to change your eating habits?  Yes  No

If you suffer from chronic diseases, would you be interested in training sessions on how to improve your diet?  Yes .....  No

15. Do you drink alcohol?

Yes  No

How often?

Never  Once or twice a week  Once a day  Several times a day

16. Do you exercise?

Yes  No

How much?

Regularly  Once a week  Several times a week  Never

### QUESTIONS ABOUT HEALTH SERVICES AND HEALTHCARE FACILITIES

17. How satisfied are you with the services provided by general practitioners (family doctors)?

very satisfied

fairly satisfied

not very satisfied

not at all satisfied

18. Do you have difficulty reaching healthcare facilities?

Yes

No

If yes, can you explain the reasons for this difficulty?

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19. In the last 3 months, has anyone in your household needed to receive healthcare services at home?  
(multiple answers possible)

No, never  Yes, for blood tests  Yes, currently receiving home care

Yes, for medical examinations  Yes, for blood pressure measurements  Yes, for injections

Yes, for medication administration  Yes, for dressings

Yes, currently receiving ADI (Integrated Home Care ASST)

Yes, currently receiving palliative care

20. When you need to ask for help from someone other than a healthcare professional such as a doctor, nurse, or physical therapist, who do you turn to? (multiple answers possible)

- I have not needed/do not need to ask for help  I have no one to ask for help
- Relatives  Friends
- Voluntary organizations (parish Caritas, counseling center, charity, associations, and groups)
- Municipal services  Associations of people from my country (for foreigners)
- I don't know, I don't want to answer

21. Do you have health insurance?

- Yes  occupational fund  private insurance (multiple answers possible)
- No

22. Do you currently use the following private services? (you can tick more than one answer if necessary)

- Domestic worker  Caregiver  Social worker  Nurse
- Assistant to a disabled person  None

23. From your point of view, with regard to your health, what services do you think would be most necessary in your municipality? (multiple answers possible)

- Blood testing center open several days a week  Education on medication management
- Guidance on accessing health services  Health information campaigns
- Transportation service from home to healthcare facilities
- Nursing service

24. In the last 3 months, have you used any of the public or affiliated services listed below?

(You may check more than one answer if necessary).

- |  |  |                               |
|--|--|-------------------------------|
| <input type="checkbox"/> Family counseling center                        | <input type="checkbox"/> Child neuropsychiatry service |                               |
| <input type="checkbox"/> Municipal social services                       | <input type="checkbox"/> Mental health center          |                               |
| <input type="checkbox"/> SERT (Drug Addiction Service)                   | <input type="checkbox"/> Socio-educational day center  |                               |
| <input type="checkbox"/> Therapeutic community                           | <input type="checkbox"/> Nursing home for the elderly  |                               |
| <input type="checkbox"/> Family home and community                       | <input type="checkbox"/> Rehabilitation institute      |                               |
| <input type="checkbox"/> Long-term care facility for the chronically ill |  |                               |
| <input type="checkbox"/> Integrated day center                           | <input type="checkbox"/> Day center for the disabled   | <input type="checkbox"/> None |

25. Are you familiar with the Community Homes project that is being launched in our region?

- Yes, and I have looked into it in detail
- Yes, I have heard about it and have a general idea of the services it will offer
- Yes, I have heard about it but do not have specific information about the services offered
- No, I have never heard of it

Do you have anything else to report about yourself or your family members?

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Thank you for taking the time to complete this questionnaire.

*The questionnaire was developed based on discussions in the Health Commission with input from participants and based on a health questionnaire distributed in the municipality of Vanzaghello, developed by Dr. Maria Scaccia.*