

Community Policy and Environmental Inventory

Demographics

- Sex/gender: Male Female
- Age: Under 18 18 - 34 35 - 64 65+
- Race/ethnicity: (check all that apply) African American American Indian/Alaska Native
 Hispanic/Latino/a White/ Caucasian Other (specify): _____
- Do you have a current CPR Certification? Yes No Don't Know

- Have you ever been told that you have: (check all that apply)
- High Blood Pressure High Cholesterol Diabetes
 Pre-Diabetes Asthma Arthritis
 Other (specify): _____

- Have you or your mother, father, grandparents, brother, sister, or child experienced any of the following events, conditions, or procedures? (check all that apply)
- Heart attack Angioplasty/heart cath lab Angina
 By-pass surgery Stent procedure TIA (mini-stroke)
 Stroke Asthma attack Diabetes
 Pre-Diabetes Arthritis flare-up Don't know

If you answer "no" to any of the following questions, please circle the number of the ONE you would MOST like to see addressed in the community. (Please circle only one.)

Heart Disease, Stroke and Diabetes Awareness

	Yes	No	Unsure
1. Do MOST businesses or public buildings in the community have easily accessible AEDs*?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have access to public trainings on the signs and symptoms of stroke?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have access to public trainings on the signs and symptoms of a heart attack?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have 9-1-1 access in your community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does your community have affordable, convenient CPR courses for all age groups?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have access to a public blood pressure machine for self-monitoring of your blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have access to an American Diabetes Association (ADA) recognized diabetes education program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is there one or more Certified Diabetes Educators in your community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is there one or more Registered Dietitians in your community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are there stores in your community where you can easily buy diabetes supplies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Does your community have affordable, convenient educational opportunities for:			
<input type="checkbox"/> Cholesterol control <input type="checkbox"/> Blood Pressure control <input type="checkbox"/> Blood Sugar control			
<input type="checkbox"/> Oral health <input type="checkbox"/> Wellness <input type="checkbox"/> Stopping smoking			
<input type="checkbox"/> Weight control or healthy eating <input type="checkbox"/> Diabetes self-management			

*AED = Automatic External Defibrillator. AEDs save lives. An AED is a machine that shocks the heart to get it beating again. Anybody can use it.

12. Does your community have affordable, convenient opportunities for:

- | | | |
|--|---|---|
| <input type="checkbox"/> Cholesterol check | <input type="checkbox"/> High Blood Pressure test | <input type="checkbox"/> Blood Sugar test |
| <input type="checkbox"/> Diabetes foot exam | <input type="checkbox"/> Dental exam | <input type="checkbox"/> Pneumonia/flu immunization |
| <input type="checkbox"/> Retinal eye exam | <input type="checkbox"/> Stop smoking program | <input type="checkbox"/> Fitness assessment |
| <input type="checkbox"/> Health risk appraisal | | |

13. Are there support groups in your community for:

- | | | |
|---------------------------------|--|--|
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Physical Activity |

Physical Activity and Nutrition in Your Community**

	Yes	No	Unsure
14. Thinking about traffic, is it safe to walk, run or bike in your community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Thinking about criminal activity, is it safe to walk, run or bike in your community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Is it pleasant to walk, run or bike in your community (enough trees, no graffiti, no abandoned buildings, proper lighting, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Are there sidewalks in most areas of your community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17a. If YES, are the sidewalks well-maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Are there any walking or biking trails in your community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18a. If YES, are the trails a safe, pleasant, and convenient place to be physically active (e.g., well-lit, clean, adequately maintained, suitably located, morning/evening hours available, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Are there any parks in the community where you can walk, run or bike?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19a. If YES, are the parks a safe, pleasant, and convenient place to be physically active (e.g., well-lit, clean, adequately maintained, suitably located, morning/evening hours available, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Are there walking clubs in your community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Do you have access to <i>public</i> outdoor exercise facilities (e.g., tracks, tennis courts, swimming pools)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21a. If YES, are these facilities a safe, pleasant, and convenient place to be physically active (e.g., well-lit, clean, adequately maintained, suitably located, morning/evening hours available, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Do you have access to <i>public</i> indoor exercise facilities (e.g., tracks, tennis courts, swimming pools)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22a. If YES, are these facilities a safe, pleasant, and convenient place to be physically active (e.g., well-lit, clean, adequately maintained, suitably located, morning/evening hours available, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Are fresh fruits and vegetables readily available in the community year-round?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23a. If YES, are fruits and vegetables affordable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Do most sit-down restaurants in the community offer and/or identify healthy choices on their menus?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Community can also include churches, worksites, schools and their resources.

If you would like, please identify where or whom you would like to address the concern you circled. For example, local community or government group, at church, at worksite, at school, etc.
