



**WAUKESHA COUNTY COMMUNITY  
HEALTH SURVEY  
FINAL 4/13/2026**

Thank you for participating in this important survey. Please remember you must be 18 years of age or older to complete it. **This is a voluntary anonymous survey, and your answers will be kept confidential; the data will be combined in group format only.** If you have any questions, please contact [publichealth@waukeshacounty.gov](mailto:publichealth@waukeshacounty.gov). Thank you for your input in making Waukesha County a healthier place to live.

1. In what zip code do you live?

- |                                     |                                     |                                     |  |
|-------------------------------------|-------------------------------------|-------------------------------------|--|
| 53005..... <input type="checkbox"/> | 53053..... <input type="checkbox"/> | 53119..... <input type="checkbox"/> | 53183..... <input type="checkbox"/>                |
| 53007..... <input type="checkbox"/> | 53058..... <input type="checkbox"/> | 53122..... <input type="checkbox"/> | 53186..... <input type="checkbox"/>                |
| 53008..... <input type="checkbox"/> | 53064..... <input type="checkbox"/> | 53127..... <input type="checkbox"/> | 53187..... <input type="checkbox"/>                |
| 53018..... <input type="checkbox"/> | 53066..... <input type="checkbox"/> | 53146..... <input type="checkbox"/> | 53188..... <input type="checkbox"/>                |
| 53029..... <input type="checkbox"/> | 53069..... <input type="checkbox"/> | 53149..... <input type="checkbox"/> | 53189..... <input type="checkbox"/>                |
| 53045..... <input type="checkbox"/> | 53072..... <input type="checkbox"/> | 53150..... <input type="checkbox"/> | Other, please specify... <input type="checkbox"/>  |
| 53046..... <input type="checkbox"/> | 53089..... <input type="checkbox"/> | 53151..... <input type="checkbox"/> | Not sure..... <input type="checkbox"/>             |
| 53051..... <input type="checkbox"/> | 53103..... <input type="checkbox"/> | 53153..... <input type="checkbox"/> | Prefer not to answer .... <input type="checkbox"/> |
| 53052..... <input type="checkbox"/> | 53118..... <input type="checkbox"/> |                                     |  |

2. What do you like best about living, visiting, or working in Waukesha County?

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The next two questions are about improving the health of county residents. **First**, we will look at health conditions and behaviors that can impact residents. **Second**, we will look at social and economic issues that need to be addressed to improve the health of residents.

3. What are the **two** largest health conditions or behaviors that must be addressed in order to improve the health of Waukesha County residents? (Check up to **two** responses.)

- Chronic diseases including diabetes and heart disease .....
- Communicable diseases, such as flu and measles .....
- Intimate partner and domestic violence ..
- Maternal, infant, and child health .....
- Mental health, mental conditions and suicide.....
- Nutrition, physical activity, and obesity .
- Oral health.....

- Reproductive health, sexual health and sexually transmitted infections.....
- Substance misuse including alcohol, drugs, tobacco .....
- Unintentional injury, including falls and vehicle accidents .....
- Other, please specify .....
- Not sure .....
- Prefer not to answer .....

4. Please explain the reason(s) you selected your first selection above as one of the largest health conditions or behaviors.

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5. Please explain the reason(s) you selected your second selection above as one of the largest health conditions or behaviors.

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6. What are the **two** largest social or economic issues that must be addressed in order to improve the quality of life of Waukesha County residents? (Check up to **two** responses.)

- |  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| Access to social services, including welfare programs, housing assistance, etc .....                           | <input type="checkbox"/> | Environmental health, including clean air, safe water, etc ..... | <input type="checkbox"/> |
| Accessible, affordable, quality health care including medical, dental, mental and alcohol/drug treatment ..... | <input type="checkbox"/> | Family and parenting support .....                               | <input type="checkbox"/> |
| Accessible and affordable transportation .....   | <input type="checkbox"/> | Food insecurity.....   | <input type="checkbox"/> |
| Affordable childcare.....  | <input type="checkbox"/> | Unfair treatment .....   | <input type="checkbox"/> |
| Community violence and crime .....   | <input type="checkbox"/> | Safe and affordable housing .....                                | <input type="checkbox"/> |
| Economic stability and employment.....   | <input type="checkbox"/> | Social connectedness and belonging.                              | <input type="checkbox"/> |
| Education access and quality .....   | <input type="checkbox"/> | Other, please specify .....                                      | <input type="checkbox"/> |
|  |                          | Not sure .....   | <input type="checkbox"/> |
|  |                          | Prefer not to answer .....                                       | <input type="checkbox"/> |

7. Please explain the reason(s) you selected your first selection above as one of the largest social or economic issues.

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8. Please explain the reason(s) you selected your second selection above as one of the largest social or economic issues.

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Personal Health

9. Generally speaking, how would you say that your own health is?

- Poor.....
- Fair.....
- Good .....
- Very good .....
- Excellent .....
- Not sure.....

Health Information

10. What are your top **three** most trusted sources for health information? (Select up to **three** sources.)

- Family/friends/neighbors .....
- Social media (Facebook, TikTok, Instagram, Twitter/X, Nextdoor, etc.) ...
- Internet (Google, websites, etc.) .....
- AI (Artificial Intelligence, ChatGPT, Grok, Gemini, etc.) .....
- TV .....
- Print materials (newspaper, magazines, etc.) .....
- Hospitals, clinics, or healthcare providers .....
- Local health department .....
- State health department .....
- National health organizations (CDC, FDA, etc.) .....
- Faith-based organizations .....
- Community-based organizations (YMCA, Women’s Center, Hope Center, Food Pantry, etc.) .....
- I don’t know where to find trustworthy health information .....
- Other, please specify .....
- Not sure .....
- Prefer not to answer .....

11. In the past 12 months, where have you found health information that you most often used? (Select up to **three** sources.)

- Family/friends/neighbors .....
- Social media (Facebook, TikTok, Instagram, Twitter/X, Nextdoor, etc.) ....
- Internet (Google, websites, etc.) .....
- AI (Artificial Intelligence, ChatGPT, Grok, Gemini, etc.) .....
- TV .....
- Print materials (newspaper, magazines, etc.) .....
- Hospitals, clinics, or healthcare providers .....
- Local health department .....
- State health department .....
- National health organizations (CDC, FDA, etc.) .....
- Faith-based organizations .....
- Community-based organizations (YMCA, Women’s Center, Hope Center, Food Pantry, etc.) .....
- I don’t know where to find trustworthy health information .....
- Other, please specify .....
- Not sure .....
- Prefer not to answer .....

Health Care Services

Below are some statements about health care services and providers, including, doctors, nurse practitioners, physician assistants, or primary care clinics in Waukesha County. (Select an option for your response in each row below.)

		Yes	No	Not Sure	Not Applicable
12.	I have a health care provider where I regularly go for check-ups .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	I can get an appointment for my health needs quickly .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	My family are seen and listened to when I receive care .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	I am seen and listened to when my child/children are receiving health care.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. In the past 12 months, where did you go when you were sick? (Check **all** that apply.)

- Doctor’s or nurse practitioners' office .....
- Hospital emergency room .....
- Urgent care center.....
- Quickcare Clinic/Fastcare Clinic.....
- Worksite clinic.....
- Alternative medicine locations, such as acupuncture, homeopathy, chiropractor, etc. ....
- Free clinic (Waukesha Free Clinic, Lake Area Free Clinic, Community Dental Smiles and Pamela Parker Community Outreach Health Clinic, etc.).....
- Virtual health/tele-medicine/telehealth/electronic visit .....
- Federally Qualified Health Center (Sixteenth Street, Milwaukee Health Services, etc.) .....
- No usual place .....
- I was not sick in the past year.....
- Not sure.....
- Some other kind of place, please specify .....

17. In the past 12 months, have you not taken prescribed medication due to prescription costs?

- Yes .....
- No .....
- Not sure.....

18. Was there a time during the last 12 months that you did not get the **medical care** needed?

- Yes .....  → CONTINUE WITH Q19
- No .....  → GO TO Q20
- Not sure.....  → GO TO Q20

19. What were the reasons you did not receive **medical care** needed? (Check **all** that apply.)

- |  |   |
|--|---|
| Uninsured..... <input type="checkbox"/>                        | Physical barriers ..... <input type="checkbox"/>      |
| Cannot afford to pay ..... <input type="checkbox"/>            | Lack of child day care ..... <input type="checkbox"/> |
| Poor medical care available..... <input type="checkbox"/>      | Don't know where to go ..... <input type="checkbox"/> |
| Insurance did not cover it ..... <input type="checkbox"/>      | Inconvenient hours ..... <input type="checkbox"/>     |
| Co-payments are too high..... <input type="checkbox"/>         | Language barriers ..... <input type="checkbox"/>      |
| Unable to get an appointment..... <input type="checkbox"/>     | Technology issues/no internet/no                      |
| Lack of transportation..... <input type="checkbox"/>           | computer ..... <input type="checkbox"/>               |
| Not enough time ..... <input type="checkbox"/>                 | Other, please specify ..... <input type="checkbox"/>  |
| Specialty physician not in area ..... <input type="checkbox"/> | Not sure..... <input type="checkbox"/>                |
|  | Prefer not to answer..... <input type="checkbox"/>    |

20. Was there a time during the last 12 months that you did not get the **dental care** needed?

- Yes.....  → CONTINUE WITH Q21
- No .....  → GO TO Q22
- Not sure .....  → GO TO Q22

21. What were the reasons you did not receive the **dental care** needed? (Check **all** that apply.)

- |  |  |
|--|--|
| Uninsured..... <input type="checkbox"/>                        | Lack of child day care ..... <input type="checkbox"/>      |
| Cannot afford to pay ..... <input type="checkbox"/>            | Don't know where to go ..... <input type="checkbox"/>      |
| Poor dental care available..... <input type="checkbox"/>       | Inconvenient hours ..... <input type="checkbox"/>          |
| Insurance did not cover it ..... <input type="checkbox"/>      | Language barriers ..... <input type="checkbox"/>           |
| Co-payments are too high..... <input type="checkbox"/>         | Technology issues/no internet/no                           |
| Unable to get an appointment..... <input type="checkbox"/>     | computer ..... <input type="checkbox"/>                    |
| Lack of transportation..... <input type="checkbox"/>           | Unable to find a dentist to take                           |
| Not enough time ..... <input type="checkbox"/>                 | Medicaid or other insurance ..... <input type="checkbox"/> |
| Specialty physician not in area ..... <input type="checkbox"/> | Other, please specify ..... <input type="checkbox"/>       |
| Physical barriers ..... <input type="checkbox"/>               | Not sure..... <input type="checkbox"/>                     |
|  | Prefer not to answer..... <input type="checkbox"/>         |

22. In the past 12 months, was there a time that you did not get the **mental health care** needed?

- Yes..... → CONTINUE WITH Q23
- No ..... → GO TO Q24
- Not sure ..... → GO TO Q24

23. What were the reasons you did not receive the **mental health care** needed? (Check **all** that apply.)

- |   |   |
|---|---|
| Uninsured..... <input type="checkbox"/>                         | Lack of child day care ..... <input type="checkbox"/>                       |
| Cannot afford to pay ..... <input type="checkbox"/>             | Don't know where to go ..... <input type="checkbox"/>                       |
| Poor mental health care available..... <input type="checkbox"/> | Inconvenient hours ..... <input type="checkbox"/>                           |
| Insurance did not cover it ..... <input type="checkbox"/>       | Language barriers ..... <input type="checkbox"/>                            |
| Co-payments are too high..... <input type="checkbox"/>          | Technology issues/no internet/no<br>computer ..... <input type="checkbox"/> |
| Unable to get an appointment..... <input type="checkbox"/>      | Someone did not want me to go ..... <input type="checkbox"/>                |
| Lack of transportation..... <input type="checkbox"/>            | Fear of others finding out ..... <input type="checkbox"/>                   |
| Not enough time ..... <input type="checkbox"/>                  | Other, please specify ..... <input type="checkbox"/>                        |
| Specialty physician not in area ..... <input type="checkbox"/>  | Not sure..... <input type="checkbox"/>                                      |
| Physical barriers ..... <input type="checkbox"/>                | Prefer not to answer..... <input type="checkbox"/>                          |

24. In the past 12 months, was there a time that you needed [or considered seeking] **alcohol or drug abuse treatment** but did not get it?

- Yes..... → CONTINUE WITH Q25
- No, I got the services needed ..... → GO TO Q26
- Does not apply, I did not need services in the past  
12 months ..... → GO TO Q26
- Not sure ..... → GO TO Q26

25. What were the reasons you did not receive the **alcohol or drug abuse treatment** needed? (Check **all** that apply.)

- |  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| Uninsured.....   | <input type="checkbox"/> | Lack of child day care .....                       | <input type="checkbox"/> |
| Cannot afford to pay .....   | <input type="checkbox"/> | Don't know where to go .....                       | <input type="checkbox"/> |
| Poor alcohol or other drug abuse<br>treatment care available ..... | <input type="checkbox"/> | Inconvenient hours .....                           | <input type="checkbox"/> |
| Insurance did not cover it .....                                   | <input type="checkbox"/> | Language barriers .....                            | <input type="checkbox"/> |
| Co-payments are too high.....                                      | <input type="checkbox"/> | Technology issues/no internet/no<br>computer ..... | <input type="checkbox"/> |
| Unable to get an appointment.....                                  | <input type="checkbox"/> | Someone did not want me to go .....                | <input type="checkbox"/> |
| Lack of transportation.....  | <input type="checkbox"/> | Fear of others finding out .....                   | <input type="checkbox"/> |
| Not enough time .....  | <input type="checkbox"/> | Other, please specify .....                        | <input type="checkbox"/> |
| Specialty treatment physician not in the<br>area.....              | <input type="checkbox"/> | Not sure.....                                      | <input type="checkbox"/> |
| Physical barriers .....  | <input type="checkbox"/> | Prefer not to answer.....                          | <input type="checkbox"/> |

Economic Hardships

26. There are two things that could prevent you from being able to feed you and your household. 1) affordability (cost of the food) and 2) accessibility (being able to get the food). Which statement best describes your situation?

- I can afford the food I want, and I can access it easily.....
- I can afford the food I want, but have difficulty accessing it..
- I cannot afford the food I want, but I could access it easily....
- I cannot afford the food I want, and I have difficulty accessing it.....
- Not sure.....

27. How difficult is it for you to meet the monthly payments on your bills?

- Not at all difficult .....
- Slightly difficult.....
- Somewhat difficult .....
- Very difficult .....
- Extremely difficult.....
- Not sure.....

28. How often does your household have enough money to pay for your basic needs like food, clothing, and housing?

- Never.....
- Rarely.....
- Sometimes.....
- Often .....
- Always .....
- Not sure.....

29. If you were suddenly without income for 3 months, how confident are you that you could cover all your household expenses?

- Not at all confident .....
- Not too confident .....
- Somewhat confident .....
- Very confident .....
- Not sure.....

30. To what extent do you agree or disagree with the following statement? “I would use an assistance program or other support program to get help if needed.”

- Strongly disagree .....
- Disagree .....
- Neither agree nor disagree .....
- Agree.....
- Strongly agree .....
- Not sure.....

Social Connection

31. How often do you feel lonely or isolated from those around you?

- Never.....
- Rarely.....
- Sometimes.....
- Often .....
- Always .....
- Not sure.....

For the following statements, please choose the answer that best reflects you. (Select an option for your response in each row below.)

		Yes	No	Not Sure
32.	I have close friends, family, or other supports that I can depend on .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33.	I am involved in a faith-based, community, or service organization (such as VFW, Lions, Rotary, Rec. League, etc.).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

34. Are there any faith-based, community, or service organizations you wish were available in your community/neighborhood?

- Yes .....  
 No.....  
 Not sure.....

Unfair Treatment in Waukesha County

35. Some people experience unfair treatment for varying reasons. In the past year, did you or someone in your household experience unfair treatment in the county?

- Yes ..... → CONTINUE WITH Q36  
 No..... → GO TO Q37  
 Not sure..... → GO TO Q37

36. Please explain the reason and where in the county the unfair treatment occurred.

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Waukesha County

Below are some statements about Waukesha County. (Select an option for your response in each row below.)

		Yes	No	Not Sure	Not Applicable
37.	There are <u>affordable</u> health care services in the county.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38.	There are <u>quality</u> health care services in the county .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39.	Childcare daycare/pre-school resources are <u>available</u> for those who need them .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40.	There are <u>affordable</u> places to live in the county .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41.	There are <u>safe</u> places to live in the county .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42.	The county has a <u>variety of accessible</u> places to walk...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43.	I feel <u>safe</u> walking in the county .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44.	There are <u>affordable</u> public transportation options in the county .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45.	The public transportation is <u>easy to use</u> in the county ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

46. To what extent do you agree or disagree with the following statement? “Decisions in Waukesha County are made with resident participation. For example, I am given an opportunity to express my concerns.”

- Strongly disagree .....
- Disagree .....
- Neither agree nor disagree.....
- Agree.....
- Strongly agree.....
- Not sure.....

Children in Waukesha County

47. What are the **two** largest issues that impact children and youth 18 or younger in Waukesha County? (Check up to **two** responses.)

- |   |                          |                                       |                          |
|---|--------------------------|---------------------------------------|--------------------------|
| Alcohol use .....   | <input type="checkbox"/> | Prescription drug misuse.....         | <input type="checkbox"/> |
| Bullying .....  | <input type="checkbox"/> | Nutrition and eating habits.....      | <input type="checkbox"/> |
| Vaping, juuling, and e-cigarette use .....  | <input type="checkbox"/> | Mental health .....                   | <input type="checkbox"/> |
| Cigarette smoking and other tobacco use, not including vaping .....   | <input type="checkbox"/> | Physical activity and exercise .....  | <input type="checkbox"/> |
| Marijuana, weed, gummies, and edibles.....  | <input type="checkbox"/> | Internet/social media use/abuse ..... | <input type="checkbox"/> |
| Other illegal drugs, except marijuana, for example, methamphetamines, heroin, cocaine or crack, ecstasy, or hallucinogens ..... | <input type="checkbox"/> | Other, please specify .....           | <input type="checkbox"/> |
|   |                          | Not sure .....                        | <input type="checkbox"/> |
|   |                          | Prefer not to answer .....            | <input type="checkbox"/> |

Demographics

Lastly, a few questions about you to make sure we have a good representation of people in Waukesha County.

48. What is your age?

- |                         |                          |                           |                          |
|-------------------------|--------------------------|---------------------------|--------------------------|
| 18 to 24 years old..... | <input type="checkbox"/> | 55 to 59 years old.....   | <input type="checkbox"/> |
| 25 to 29 years old..... | <input type="checkbox"/> | 60 to 64 years old.....   | <input type="checkbox"/> |
| 30 to 34 years old..... | <input type="checkbox"/> | 65 to 69 years old.....   | <input type="checkbox"/> |
| 35 to 39 years old..... | <input type="checkbox"/> | 70 to 74 years old.....   | <input type="checkbox"/> |
| 40 to 44 years old..... | <input type="checkbox"/> | 75 to 79 years old.....   | <input type="checkbox"/> |
| 45 to 49 years old..... | <input type="checkbox"/> | 80 or older.....          | <input type="checkbox"/> |
| 50 to 54 years old..... | <input type="checkbox"/> | Prefer not to answer..... | <input type="checkbox"/> |

49. What is your sex?

- |                            |                          |
|----------------------------|--------------------------|
| Female.....                | <input type="checkbox"/> |
| Male .....                 | <input type="checkbox"/> |
| Prefer not to answer ..... | <input type="checkbox"/> |

50. Are you Hispanic or Latino?

- |                            |                          |
|----------------------------|--------------------------|
| Yes .....                  | <input type="checkbox"/> |
| No.....                    | <input type="checkbox"/> |
| Not sure.....              | <input type="checkbox"/> |
| Prefer not to answer ..... | <input type="checkbox"/> |

51. What is your race?

- American Indian or Alaska Native .....
- Asian or Asian American.....
- Black or African American.....
- Native Hawaiian or Other Pacific Islander ....
- White or Caucasian .....
- Two or more races .....
- Another race, please specify .....
- Not sure .....
- Prefer not to answer .....

52. Which of the following best describes your highest level of education completed?

- 8th grade or less .....
- Some high school.....
- High school graduate or GED.....
- Some college .....
- Technical school graduate.....
- College graduate .....
- Master's degree or higher .....
- Not sure .....
- Prefer not to answer .....

53. What is your annual household income?

- Less than \$20,000 .....
- \$20,000-\$34,999 .....
- \$35,000-\$49,999 .....
- \$50,000-\$74,999 .....
- \$75,000-\$99,999 .....
- \$100,000-\$149,999 .....
- \$150,000-\$199,999 .....
- \$200,000 or more .....
- Not sure .....
- Prefer not to answer .....

54. How would you best describe your current employment status?

- Full-time employment..... → CONTINUE WITH Q55
- Part-time employment..... → CONTINUE WITH Q55
- Seasonal employment ..... → CONTINUE WITH Q55
- More than one job ..... → CONTINUE WITH Q55
- Retired..... → GO TO Q57
- Stay at home caregiver..... → GO TO Q57
- Student ..... → GO TO Q57
- Temporarily out of work..... → CONTINUE WITH Q55
- Unable to work..... → GO TO Q57
- Not sure..... → GO TO Q57
- Prefer not to answer ..... → GO TO Q57

55. Do you have any difficulty getting or keeping a job that allows you to pay your monthly bills?

- Yes ..... → CONTINUE WITH Q56
- No..... → GO TO Q57
- Not sure..... → GO TO Q57

56. Which factors make it difficult for you to get or keep a job that allows you to pay your monthly bills? (Check **all** that apply.)

- I can't find a job that pays enough.....
- I need education or training to get a job that pays enough.....
- Work schedule shifts conflict with my other responsibilities.....
- I can't advance in my current job .....
- I don't have a reliable car.....
- There's no bus system where I live .....
- There are no childcare spots near me.....
- Childcare costs are too much .....
- I am in poor health/have a disability.....
- English is not my primary language .....
- I have a criminal record .....
- Other, please specify .....
- Not sure .....

57. What is your current living situation?

- I have a stable place to live .....
- I have an affordable place to live today, but I'm worried about losing it in the future .....
- I do not have a reliable place to live (I am temporarily staying with others, in a hotel, in a shelter, living on the street, in a car, abandoned building, or in a park) .....
- Not sure .....

In order to better understand your household needs, please include the number of people, including yourself, who are living in your household. (Select an option for your response in each row below.)

		0	1	2 or more	Prefer not to answer
58.	Adults 18-64 years old .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59.	Adults 65 and older .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60.	Children 0 to 4 years old .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61.	Children 5 to 17 years old ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

62. Please list any additional thoughts or comments you have about helping us improve the health of county residents.

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Thank you for taking the time to participate in this community survey. Your feedback and insight are vital as we work to improve and address issues impacting our community's health.

211 connects you with thousands of nonprofit and government services in your area. If you want personal assistance, call the three-digit number 211 or 877-947-2211. **A friendly voice to talk with you 24/7/365.** You can also go to <https://211wisconsin.communityos.org>