



The **Kupfrian Park** (PACE-EH) Community Environmental Health Assessment Team has developed this survey to determine what the residents feel are the most important Environmental Health concerns.

**Directions:**

**Please answer honestly!**

**You do not have to list your name. This survey will be used to measure improvements in the neighborhood.**

**Please answer the questions as they apply to the “Kupfrian Park” Neighborhood**

1. What is your zip code? (please circle answer)

32501

32503

32505

other: \_\_\_\_\_

2. Do you live in Kupfrian Park (Pace Blvd east to “J” Street, Avery Street south to Blount)

Yes

No

3. How long have you lived or worked in Kupfrian Park?

0-5 years

5-10 years

10-15 years

15-20 years

20-25 years

25 or greater

4. Do you feel that your community has been positively served by government and/or non-profit agencies?

Yes

No

Please explain \_\_\_\_\_  
\_\_\_\_\_

5. Are you aware of organizations or departments that are working in Kupfrian Park?  
Please list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Escambia County Health Department**

1295 W. Fairfield Drive • Pensacola, Florida 32501

John J. Lanza, MD, PhD, MPH, FAAP, CHD Director-Health

<http://www.doh.state.fl.us/chdEscambia>

(850) 595-6500



6. Do you feel that your environment is safe and healthful?

Yes                      No

Please explain \_\_\_\_\_  
\_\_\_\_\_

7. How would you describe your personal health over the past 10 years?

Excellent                      Good                      Fair                      Poor

8. How would you rate your quality of life?

Excellent                      Good                      Fair                      Poor

9. What is your age?

\_\_\_\_\_

10. What is your sex?

M                      F

11. What is your race:

Caucasian                      African-American                      Asian                      Native American  
Other \_\_\_\_\_

12. What is your ethnicity:

Hispanic                      Non-Hispanic

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Jeb Bush  
Governor

M. Rony François, M.D., M.S.P.H., Ph.D.  
Secretary, Department of Health

13. Are the environmental issues described below a concern in your neighborhood?

	Yes	No	If yes, how serious is this problem?  <b>1=not a concern</b> <b>2= a small concern</b> <b>3=a moderate concern</b> <b>4=a big concern</b> <b>5=a <u>great concern</u></b>
Flooding			1 2 3 4 5
Failing Septic Tanks			1 2 3 4 5
Speeding Cars			1 2 3 4 5
Poor Lighting in Neighborhood			1 2 3 4 5
Other issue(s) please list and give rating 1-5  _____ _____ _____			1 2 3 4 5

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14. Are you on septic tank or public sewer? (Please circle one)

Septic tank

Public Sewer

15. Would you be interested in being a member of our Community Environmental Health Assessment Team?

Yes

No

16. How would you rate this community meeting overall?

1=Poor 2=Below Average

3=Average

4=Good

5=Excellent

Please give suggestions for improvement:

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Thank you so much for being here  
and assisting in this process!!!!

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