



Community Health and Wellness Needs
Focus Group Application

Full name (First, MI, Last): _____

Email address: _____

Phone number: _____

Address: _____

Approximately how far away, and in what direction do you live
from District One Hospital? (ex. 5 miles NW) _____

Date of birth: _____

Gender: Male Female

Which of the following best describes your race/ethnicity?

- | | |
|---|---|
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> African/African American |
| <input type="checkbox"/> Asian/Asian American/Pacific Islander | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> American Indian/Native American/Alaskan Native | <input type="checkbox"/> Prefer not to answer |

Including yourself how many people live in your immediate household? _____

How many people in your immediate household are 17 or younger? _____

Do you own or rent your home? Own Rent

Household income level:

- | | | |
|---|---|---|
| <input type="checkbox"/> Under \$50,000 | <input type="checkbox"/> \$50,000-\$100,000 | <input type="checkbox"/> Over \$100,000 |
| <input type="checkbox"/> Prefer not to answer | | |

Occupation: _____

Highest level of education completed:

- | | |
|--|--|
| <input type="checkbox"/> No high school diploma | <input type="checkbox"/> High school graduate |
| <input type="checkbox"/> 2-year college/technical degree | <input type="checkbox"/> 4-year college degree |
| <input type="checkbox"/> Master's degree or higher | <input type="checkbox"/> Prefer not to answer |

Marital status:

- | | | |
|---|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Never married | <input type="checkbox"/> Married | <input type="checkbox"/> Engaged |
| <input type="checkbox"/> Partner/Committed relationship | <input type="checkbox"/> Divorced | <input type="checkbox"/> Widowed |
| <input type="checkbox"/> Prefer not to answer | | |

Do you and your family receive the majority of your health and wellness care in Faribault?

- Yes No

If no, is there a specific reason why you go elsewhere?

Please return this application by mail or email to:

District One Hospital
Attn: Eric Lebida
200 State Avenue
Faribault, MN 55021

elebida@districtonehospital.com

You can also drop it off at the front desk of the address listed above.