
COMMUNITY ADVOCACY GROUP LEADER SURVEY

Please mail the completed survey to the address listed at the end of the survey. The survey can also be completed online at www.health.state.ga.us/programs/hazards. Please complete only one survey.

INSTRUCTIONS

You can refuse to answer any question, but please answer all questions you choose to answer as completely as possible.

Organization /Advocacy Group _____

Street Address _____

P.O. Box _____ County _____

City _____ State _____ ZIP Code _____

1. What is the main purpose of your organization (check all that apply)?

Protect/Restore Natural Habitats

Educate Communities

Protect Human Health

Influence Political Process and/or Government Policies

Other (Please Describe)

2. How many **current** members does your **Georgia organization** have?

Fewer than 10

10 - 50

51 - 100

More than 100

3. Were you aware of the Georgia Department of Public Health's Chemical Hazards Program prior to being contacted to complete this survey?

Yes

No

4. Does the Chemical Hazards Program brochure help you understand the services that are available to community members?

Yes

No

5. How concerned are you about toxic chemical contamination in each of the environments listed below? Rate each one with a category 1 - 4 by placing an X in the corresponding box.

	1. Not at all Concerned	2. Somewhat Concerned	3. Concerned	4. Very Concerned	Don't Know
Soil					
Air					
Drinking Water					
Ocean, Lakes, Rivers, Streams					
Food					
Other (Please Specify)					
Other (Please Specify)					

6. A. Describe what chemical contamination issues pose the greatest risk to human health in your community?

- B. What are the sources of the chemicals you are most concerned about?

7. Are there any "Superfund" or other known hazardous waste sites in your community that you are concerned about?

Yes
 No
 Don't Know

If yes, please describe these sites (name, location, chemicals, etc.)

8. Has known or suspected toxic chemical contamination in the environment caused health concerns among individuals in your community?

- Yes
- No
- Don't Know

9. Whose health has been affected by environmental exposures to chemicals? Check all that apply.

- No health effects
- My health
- My family's health
- The health of the community
- Workers/employees
- Wildlife/pets
- Vulnerable Populations (elderly, children, minority, women, etc.) (Please Specify)

Other (Please Specify)

10. What health problems or symptoms have been reported from environmental exposures to chemicals? (Please Specify)

11. In your **community**, how **concerned** are you about the following health hazards inside the homes? Rate each hazard with a category 1 - 4 by placing an X in the corresponding box.

	1. Not at all Concerned	2. Somewhat Concerned	3. Concerned	4. Very Concerned	Don't Know
Mold					
Asbestos					
Carbon Monoxide					
Radon Gas					
Second-hand Smoke					
Lead on Surfaces					
Unclean Drinking Water					
Other (Please Specify)					
Other (Please Specify)					

12. In your **community**, how **likely to occur** are the following hazards inside the homes? Rate each one with a category 1-4 by placing an X in the corresponding box.

	1. Not at all Likely	2. Somewhat Likely	3. Likely	4. Very Likely	Don't Know
Mold					
Asbestos					
Carbon Monoxide					
Radon Gas					
Second-hand Smoke					
Lead on Surfaces					
Unclean Drinking Water					
Other (Please Specify)					
Other (Please Specify)					

13. What are the best ways to get health information to members of your community? (Check all that apply)

- Fact Sheets
- Doctor / Healthcare Professional
- Newspaper
- Community Events
- Internet Sources
- Other Sources (Please Specify) _____
- Don't know

Please provide any comments below.

Please provide your contact information below if you consent to be contacted for a very brief follow-up evaluation survey, and to receive the results of this survey. The Georgia Department of Public Health will conduct follow-up and publish the survey results. Contact will only be made through the information you provide below and will not be linked to your survey responses.

Thank you for your commitment and contributions to your community.

If you have questions, please email Laura Frame at LFrame1@student.gsu.edu.

Please return completed surveys by Monday February 20, 2012 to:

**Laura Frame
Georgia State University
Institute of Public Health
P.O. Box 3995
Atlanta, GA 30302-3995**