

# Community Needs Survey

Thank you for taking the time to fill out this survey.  
Your name and contact will NOT be shared with anyone;  
However, the information collected will be shared with  
community groups and service providers to help provide  
better services to our area residents.



Box 10  
Cremona Alberta T0M 0R0  
(403)510-4521

3 names will be randomly drawn for prizes, if you would like  
to be entered in the prize draw please be sure to include your name and a way to contact you.

## Your opinion really matters!!! Let's get started!

Name: \_\_\_\_\_ (optional)

Phone or E-mail: \_\_\_\_\_ (must be supplied to be entered in prize draw. Will not be used for anything else. Will not be shared)

Resident of - Cremona  Rural MVC  Elkton   
Water Valley  Dog Pound  Other \_\_\_\_\_

What age group do you fall into?

Young person (7-17)  Adult (18 - 65)  Senior (66-120)

How long have you lived in this area?

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### Which Community Resources do you access? (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Library                                      | <input type="checkbox"/> Mountain View Community Adult Learning Society (MVCALS) |
| <input type="checkbox"/> Mountain View Family Resources Network       | <input type="checkbox"/> RCMP  |
| <input type="checkbox"/> Public Health                                | <input type="checkbox"/> Central Alberta Pregnancy Care Centre                   |
| <input type="checkbox"/> Mountain View Food Bank Society              | <input type="checkbox"/> Chinook Arch Victim Services                            |
| <input type="checkbox"/> Church                                       | <input type="checkbox"/> Mountainview Emergency Shelter                          |
| <input type="checkbox"/> Gold and Silver Club                         | <input type="checkbox"/> Essentials for our Community                            |
| <input type="checkbox"/> AA   | <input type="checkbox"/> Mountain View Seniors Housing                           |
| <input type="checkbox"/> Lions Club                                   | <input type="checkbox"/> School  |
| <input type="checkbox"/> Community Association/Chamber of Commerce    | <input type="checkbox"/> Cremona food pantry                                     |
| <input type="checkbox"/> Family and Community Support Services (FCSS) | Other _____  |
| <input type="checkbox"/> Child and Family Services                    |  |

**What services would you use if available in our area?**

**Please number all that apply in order of importance. #1 being most important.**

Transportation/Ride program \_\_\_\_\_

Campground \_\_\_\_\_

Physician \_\_\_\_\_

Other Please specify \_\_\_\_\_

Afterschool Care \_\_\_\_\_

Other Please specify \_\_\_\_\_

Counselling \_\_\_\_\_

Other Please specify \_\_\_\_\_

or "I'm happy with the services in our area"

**What barriers do you face accessing health and wellness resources? (Choose all that apply)**

I didn't have any way to get there

Cultural/Religious Concerns

I didn't know how to find resources

Resources don't exist for my needs

Fear

Too expensive

Wait time is too long

No Barriers

I don't have time

**Where do you get most of your medical information?**

Doctor/physician

Pharmacy

Friends/family

Traditional Media- Newspapers

Internet/social media

Other \_\_\_\_\_

**When you get sick, what services do you access? Please choose only one.**

Clinic/doctor's office

I don't seek medical attention.

Urgent care

811

Emergency Department (ER)

Pharmacy

Health Department

Other \_\_\_\_\_

**In what ways does your community support your wellbeing?**

Strong community connection

Provides recreational areas

Accessible Education Opportunities

Access to reliable employment

Availability of basic services

**How do you receive information on events/ activities/ programs happening in our area? Please number all that apply to you in order of preferred method, #1 being most preferred.**

The Albertan Newspaper

Facebook

Word of Mouth

FCSS Newsletter

Bulletin Boards

School Newsletter

Other Please specify or additional comments \_\_\_\_\_

**What kind of Business would you like to see in our area?**

**What is your highest level of education?**

High school degree (or GED/equivalent)

Technical / Trade School

College

Other

University

**Are you interested in Volunteering - helping with programs ie: youth drop in, bus trips, event set up and clean up, museum, driving to appointments?**

Yes  No

**If Yes what are you interested in helping with?**

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(Please include your Name, Phone #/ e-mail if you would like to be contacted for Volunteer Opportunities)

**Would you like to see more outdoor non-structured amenities in our area? i.e.: Basketball nets, Bike path, Outdoor Exercise Equipment, Outdoor Rink, Water Park.... What is your idea? Where would you like to see it?**

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**Do you participate in group activities? i.e: FCSS programs, Gold and Silver, Mountain View Family Resource Network...**

Yes  No

**What kind of activities do you enjoy? What groups(s) often provide the activities?**

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**Are there any barriers that keep you from participating?** Yes  No

If yes what are they? \_\_\_\_\_

(financial, interest, access to building, transportation, child care, general knowledge of organization offering..)

**What was your total income last year before taxes?**

Less than \$20,000

\$20,001 - \$40,000

\$40,001 - \$60,000

\$60,001 - \$80,000

\$80,001 - \$100,000

Over \$100,000

**What is your job status?**

Full-time

Part-time

Unemployed

Homemaker

Retired

Disabled

Student

**What is your family situation?**

Single parent

Two parent household

Foster parents/kinship care

Shared custody

No children but other dependents

No dependents

**If you have children, which schooling system do the use?**

Public school  Home School  N/A  Other \_\_\_\_\_

**Are you in need of help with any of these things? (Check all that apply)**

- Alcohol and drug abuse
- Caregiver/Disability support
- Elder abuse
- Family conflict
- Parenting classes
- Planning for the future/Goal setting
- Spouse or child abuse
- Mental Health/ Thoughts of suicide
- Education/Employment
- Active Living
- Financial
- None
- Other \_\_\_\_\_

**Do you have extended health benefits for things like dental and vision care?**

- Yes
- No

**What are the primary health care needs of your household? (Check all that apply)**

- Family Physician
- Pediatric doctor
- Prenatal (pregnancy) care
- Dental care
- Nutrition and exercise programs
- Services to help alleviate stress, anxiety, depression
- Senior Care
- Substance abuse treatment
- Stop smoking programs
- Stop drinking programs
- Transportation to health care services
- Immunization services
- Pharmacy services
- Other \_\_\_\_\_
- None

**Would you like to see more life skill workshops offered?**

- Woodworking
- Photography
- Second language classes
- Gardening
- Preserving/Canning food
- Nutrition / cooking classes
- Emergency prep
- Financial planning

Other Please specify or additional comments \_\_\_\_\_

**I feel the people in our community are:** \_\_\_\_\_

le : Friendly, Accepting, Clicky, Kind, Bullies, Rude, Introverted, Helpful...

**Is there anything else you would like to tell us about community concerns, health problems or services in the community? Please describe below:**

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Please drop off completed survey at Cremona FCSS, The Cremona Village Office (the Village office has an afterhours drop box) or the Cremona Library OR scan it and e-mail to [fcss@cremona.ca](mailto:fcss@cremona.ca) OR mail to Cremona FCSS, Box 10 Cremona AB, T0M 0R0

Survey is also available online at [Cremona.ca](http://Cremona.ca) or by scanning this QR code

Thank you again for taking the time to participate.

Prizes will be drawn on December 1<sup>st</sup>, 2022. Last day to send in survey January 3<sup>rd</sup>, 2023.

