



15 South School Street, PO Box 273, Mayville WI 53050

Phone: 920.387.7900 Fax: 920.387.7919

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City of Mayville Community Health Needs Survey

This anonymous survey is designed to help the City of Mayville better understand the medical needs of its residents. Your responses will guide future health initiatives and services.

1. What is your age group?

- ☐ Under 18
- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65+

2. Do you currently have medical insurance coverage?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

3. What type of medical insurance do you have? (Select all that apply)

- ☐ Employer-provided
- ☐ Medicaid
- ☐ Medicare
- ☐ Marketplace/ACA
- ☐ Private insurance
- ☐ VA or military coverage
- ☐ Other (please specify) _____
- ☐ None

4. Do you have a primary care provider (PCP)?

- ☐ Yes
- ☐ No
- ☐ Not sure

5. How often do you visit a healthcare provider?

- ☐ Regularly (at least once a year)
- ☐ Occasionally (only when sick or injured)
- ☐ Rarely
- ☐ Never

6. What are the biggest barriers to accessing healthcare in Mayville? (Select all that apply)

- ☐ Cost
- ☐ Lack of insurance
- ☐ Transportation
- ☐ Limited provider availability
- ☐ Long wait times
- ☐ Language or cultural barriers
- ☐ Other (please specify) _____

Please return completed surveys to Mayville City Hall, 15 S. School Street, Mayville, WI 53050



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7. Are there specific medical services you feel are lacking in Mayville? (Select all that apply)

- ☐ Mental health services
- ☐ Dental care
- ☐ Vision care
- ☐ Urgent care
- ☐ Specialty care (e.g., cardiology, dermatology)
- ☐ Preventive care
- ☐ Other (please specify) _____

8. Have you or a family member delayed or avoided medical care in the past year due to cost or access issues?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

9. Would you be interested in community health programs (e.g., free screenings, wellness workshops)?

- ☐ Yes
- ☐ No
- ☐ Maybe

10. Is there anything else you'd like to share about your or your family's medical needs?