

Southwest Mississippi Regional Medical Center is conducting a Community Health Needs Assessment and your input is important to us while we learn more about the health needs in our community. Click on the email link at the end to send the form to the hospital.

**Have you used any health services offered at either hospital or physician clinics in the past 12 months?**

**Do you or a member of your family live with a chronic disease? If so, what disease?**

**Where do you go when you are seeking information or education on health related topics?**

**If you could name a health or wellness program that would benefit the health of you or your family, what would it be?**

**Is there a health or wellness need that you are aware of in Pike County?**

**Please list any other comments or information you would like to share.**

Click on the link below to send form.  
<mailto:healthier.you@swmrmc.org>