Farmworker Health Needs Assessment

INSTRUCTIONS: Thank you very much for being willing to assist (Name of Health Center) to assess the health care needs of the farmworker population. We appreciate your participation in this short survey. Your responses are confidential and will be used in combination with all other responses to help us better understand the needs of the community. Please read each question and mark with a ☑ the choice that best reflects your answer.

DEMOGRAPHIC INFORMATION:									
How old are you?	[ ]	13-19	[ ]	20-29	[ ]	30-39	[ ]	40-55	[ ] 56+
Are you:	[ ]	Female	[ ]	Male					
Are you:	[ ]	Single	[ ]	Married	[ ]	Other			
In this community, do you live:	[ ]	Alone	[ ]	With Family	[ ]	With Friends	[ ]	Other	
How many children are living with you?	[ ]	None	[ ]	1	[ ]	2	[ ]	3	[ ] 4+
What language(s) do you speak?	[ ]	English	[ ]	Spanish	[ ]	Mixteco	[ ]	Zapoteco	[ ] Other
HEALTH INFORMATION:									
Do you consider your health to be:	[ ]	Excellent	[ ]	Very Good	[ ]	Good	[ ]	Poor	[ ] Bad
Do you consider your stress level to be:	[ ]	Low	[ ]	Medium	[ ]	High	[ ]	Very high	
When was your last complete *physical exam*?	[ ]	< 1 year	[ ]	2 years	[ ]	5 years	[ ]	10 years	[ ] Never
When was the last time that you had a *dental exam?*	[ ]	< 1 year	[ ]	2 years	[ ]	5 years	[ ]	10 years	[ ] Never
When was the last time that you had an *eye exam*?	[ ]	< 1 year	[ ]	2 years	[ ]	5 years	[ ]	10 years	[ ] Never
How long ago was your *blood sugar* checked?	[ ]	< 1 year	[ ]	2 years	[ ]	5 years	[ ]	10 years	[ ] Never
How long ago was your *blood pressure* checked?	[ ]	< 1 year	[ ]	2 years	[ ]	5 years	[ ]	10 years	[ ] Never
How long ago was your last *tetanus vaccine?*	[ ]	< 1 year	[ ]	2 years	[ ]	5 years	[ ]	10 years	[ ] Never
How long ago did you have a *tuberculosis test*?	[ ]	< 1 year	[ ]	2 years	[ ]	5 years	[ ]	10 years	[ ] Never
FOR WOMEN ONLY	[ ]								
Have you ever had a *Pap-test?*	[ ]	Yes	[ ]	No					
Have you ever had a *mammogram?*	[ ]	Yes	[ ]	No					
If you are pregnant, are you receiving *prenatal care*?	[ ]	Yes	[ ]	No		Why not:			
FOR MEN (OVER 40 YEARS OLD)									
Have you been checked for *prostate cancer?*	[ ]	Yes	[ ]	No		Why not:			
FOR CHILDREN									
Have your children received the recommended vaccinations	[ ]	Yes	[ ]	No		Why not:			
At this time, do your children need to see a doctor or dentist?	[ ]	Yes	[ ]	No					
HEALTH CARE UTILIZATION									
Do you have a *chronic health problem?*	[ ]	Yes	[ ]	No		What problem:			

At any time, have they told you, that you have:	[ ] Diabetes [ ] High Blood Pressure [ ] High Cholesterol [ ] Heart Disease
Where do you receive health care?	[ ] (Name of HC) [ ] Hospital [ ] Mexico [ ] Other
In general what prevents you from seeking health care?	
Do you have transportation when you need to go see a doctor or dentist?	
Do you have any other concern with your health or health care that you want to share with us?	

Thank you very much for your help!