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| 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!