

Appendix A. Fall 2018 Health Ministries Survey

Please mark or write in your answer for each question. If you do not feel comfortable answering a question, feel free to leave the question blank. Please **do not** put your name on this form.

Age: _____ Sex: _____ Residential Zip Code: _____

Ethnicity:

- ☐ White
- ☐ Hispanic or Latino
- ☐ Black or African American
- ☐ Native American or American Indian
- ☐ Asian / Pacific Islander
- ☐ Other: _____

Marital Status:

- ☐ Single, never married
- ☐ Married or domestic partnership
- ☐ Widowed
- ☐ Divorced
- ☐ Separated

Highest Level of Education:

- ☐ Did not finish high school
- ☐ Some college or vocational training
- ☐ High school diploma or GED
- ☐ Finished college or graduate school

Employment Status:

- ☐ Employed full-time
- ☐ Not employed
- ☐ Student
- ☐ Employed part-time
- ☐ Retired
- ☐ Other: _____

Primary Household Language:

- ☐ English
- ☐ Spanish
- ☐ Other: _____

Health Insurance Coverage:

- ☐ Private (Ex: Blue Cross Blue Shield)
- ☐ Medicare
- ☐ Medicaid/CHIP/Other Public
- ☐ None/Uninsured

Household Income:

- ☐ Less than \$25,000
- ☐ \$25,000 to \$34,999
- ☐ \$35,000 to \$49,999
- ☐ \$50,000 to \$74,999
- ☐ \$75,000 to \$99,999
- ☐ \$100,000 to \$149,999
- ☐ \$150,000 to \$199,999
- ☐ \$200,000 or more
- ☐ Prefer not to answer

Health Information

Would you say your overall health is

☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor ☐ Not sure ☐ Prefer not to answer

Do you have any physical, mental, or emotional problem that has lasted or is likely to last one year?

☐ Yes ☐ No ☐ Not sure ☐ Prefer not to answer

What health concerns do you have? (Check all that apply)

☐ Hypertension ☐ Diabetes ☐ Overweight or obesity

☐ Depression or other mood disorders ☐ Anxiety including PTSD
☐ Other: _____ ☐ None

How long had you been receiving care at Health Ministries prior to October 27, 2017?

☐ I was not receiving care prior to October 27, 2017 ☐ _____ years ☐ Not sure

Please mark your level of agreement with the following statements and questions.

I have someone to turn to when I need help. (i.e. family members, friends, or co-workers)

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree ☐ Not sure

I find it difficult to understand what my health provider is telling me.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree ☐ Not sure

I feel involved in the discussions I have with my healthcare provider.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree ☐ Not sure

I am afraid I might be hurt in my apartment building or house.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree ☐ Not sure

I would say that I live in a safe area.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree ☐ Not sure

I have had to go without health care because I didn't have transportation to a provider.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree ☐ Not sure

There have been times when I needed to see a doctor but I could not because of cost.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree ☐ Not sure

Within the past year, I have had to eat less than I should due to not enough money for food.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree ☐ Not sure

Now you will be asked some questions about your care provider at Health Ministries.

When you go to your primary care provider, are you taken care of by the same doctor or nurse each time?

☐ Definitely ☐ Probably ☐ Probably not ☐ Definitely not ☐ Not sure

If you have a question, can you call and talk to the doctor or nurse who knows you best?

☐ Definitely ☐ Probably ☐ Probably not ☐ Definitely not ☐ Not sure

Does your primary care provider know you very well as a person, rather than as someone with a medical problem?

☐ Definitely ☐ Probably ☐ Probably not ☐ Definitely not ☐ Not sure

Does your primary care provider know what problems are most important to you?

☐ Definitely ☐ Probably ☐ Probably not ☐ Definitely not ☐ Not sure

Does your primary care provider ask you about your ideas and opinions when planning treatment and care for you or a family member?

☐ Definitely ☐ Probably ☐ Probably not ☐ Definitely not ☐ Not sure

Has your primary care provider asked about illnesses or problems that might run in your family?

☐ Definitely ☐ Probably ☐ Probably not ☐ Definitely not ☐ Not sure

Would your primary care provider meet with members of your family if you thought it would be helpful?

☐ Definitely ☐ Probably ☐ Probably not ☐ Definitely not ☐ Not sure

Does anyone at your primary care provider's office ever make home visits?

☐ Definitely ☐ Probably ☐ Probably not ☐ Definitely not ☐ Not sure

Does your primary care provider know about the important health problems of your neighborhood?

☐ Definitely ☐ Probably ☐ Probably not ☐ Definitely not ☐ Not sure

Does your primary care provider get opinions and ideas from people that will help to provide better healthcare?

☐ Definitely ☐ Probably ☐ Probably not ☐ Definitely not ☐ Not sure

Would you recommend your primary care provider to a friend or relative?

☐ Definitely ☐ Probably ☐ Probably not ☐ Definitely not ☐ Not sure

Would you recommend your primary care provider to someone who does not speak English well?

☐ Definitely ☐ Probably ☐ Probably not ☐ Definitely not ☐ Not sure

Would you recommend your primary care provider to someone who uses folk medicine, such as herbs or homemade medicines, or has special beliefs about health care?

☐ Definitely ☐ Probably ☐ Probably not ☐ Definitely not ☐ Not sure

What services at Health Ministries do you appreciate? Are there any you would like to see added?

Appendix B. Demographic Table.

Participants' demographic information

	<i>n</i>	%
Sex		
Male	55	27.5
Female	135	67.5
Race/Ethnicity		
White	156	78
Hispanic or Latino	22	11
Black or African-American	7	3.5
Native American or American Indian	3	1.5
Asian/Pacific Islander	2	1
Did not respond	10	5
Health Insurance Status		
Private	75	37.5
Medicare	37	18.5
Medicaid/CHIP/Other public	12	6
None/Uninsured	13	6.5
Did not respond	63	31.5
Education		
Finished college or graduate school	58	29
Some college or vocational training	66	33
High school diploma or GED	51	25.5
Did not finish high school	10	5

Did not respond	15	7.5
Income level		
High	11	5.5
Middle	83	41.5
Low	68	34
Prefer not to answer	12	6
Did not respond	26	13
Total	200	