The Wellness Plan
Health and Medical Needs Survey

INSTRUCTIONS:
The questions in this survey are self-explanatory. Please make sure to completely fill in the response that most accurately describes your responses to the offered choices. Please do not fill in more than one circle for each question unless otherwise asked to do so.

Sample questions and answers:
I am a

Female   ●   I live in zip code number <u>4</u> <u>8</u> *2 3 7*
Male   O

Some Information About You

Although the following questions ask for some basic information about you, none will permit anyone to determine who you are. Your answers are completely private and confidential and no one will be able to determine who you are from your answers.

1. I am a
Female O
Male   O

2. I am
Single   O
Married O
Divorced O
Widowed O
Other   O

3. I am
Arabic   O
Asian   O
Black   O
Hispanic   O
Native Amer. O
White   O
Other   O

4. I am
Employed Full Time   O
Employed Part Time   O
Housekeeper   O
Retired   O
Student   O
Unemployed   O
Other   O

5. I am _____ years old

For the next two questions, please do not leave blanks but enter zero wherever your answer is zero

6. The number of people **living in my home** including myself
under the age of 18 is   _____
between 18 and 64 years old is   _____
65 years and older   _____

7. Including me, the number of people **here** with me today
under the age of 18_____
between 18 and 64 years old_____
65 years and older _____

8. I live in zip code number <u>4</u> <u>8</u> __ __ __

9. My yearly household income is
Less than $20,000   O
Between $20,000 – $50,000   O
More than $50,000   O

10. My main medical service is
In my neighborhood   O
Near my neighborhood O
At some distance   O
Very far away   O

11. My medical insurance is
Medicare   O
Medicaid   O
Medicare/Medicaid O
Other Public Ins   O
Medicare plus Private   O
Private Ins only O
None   O

Some Information About Your Healthcare

Now for a few questions about your healthcare services and status

	Yes	No	Not sure	Does not apply to me
1. I saw a primary care physician during the past 12 months	O	O	O	
2. I saw a specialist physician during the past 12 months	O	O	O	
3. I received a flu shot during the past 12 months	O	O	O	O
4. I took prescribed medications during the past 12 months	O	O	O	
5. I visited a dentist during the past 12 months	O	O	O	
6. I had a mammography test during the past 12 months	O	O	O	O
7. I had a pap smear during the past 12 months	O	O	O	O
8. My child(ren)'s immunizations are up to date	O	O	O	O
9. I had a prostate examination during the past 12 months	O	O	O	O
10. I visited an Emergency Room/Urgent Care Center during the past 12 months	O	O	O	
11. I was hospitalized for at least one night during the past 12 months	O	O	O	
12. I have been treated for high blood pressure during the past 12 months	O	O	O	
13. I have been treated for cholesterol problems during the past 12 months	O	O	O	
14. I received family counseling during the past 12 months	O	O	O	

I or members of my household suffer from the following health care problems:

	Yes	No	Not sure
15. Heart disease	O	O	O
16. Asthma	O	O	O
17. Other breathing or respiratory disease	O	O	O
18. Diabetes	O	O	O
19. Stroke	O	O	O
20. Cancer	O	O	O
21. Alzheimer's Disease	O	O	O
22. High Blood Pressure	O	O	O
23. High Cholesterol	O	O	O
24. Liver conditions	O	O	O
25. Eating disorders	O	O	O
26. Malnutrition	O	O	O
27. Obesity/very overweight	O	O	O
28. Sexually transmitted disease	O	O	O
29. HIV/AIDS	O	O	O
30. Problems coping with daily life	O	O	O
31. Drug abuse	O	O	O
32. Alcohol abuse	O	O	O
33. Smoking	O	O	O
34. Accident or Injury requiring continuing care	O	O	O
35. Lead poisoning	O	O	O
36. Gambling	O	O	O

Some Information About Your Health Service Needs

Now for a few questions about your satisfaction with the availability of health care services to you

I am satisfied that:	Very Satisfied	Satisfied	Unsatisfied	Very Unsatisfied	Does Not Apply
37. There are **enough** health services in my neighborhood	O	O	O	O	
38. The health services in my neighborhood meet my household needs	O	O	O	O	
39. I can get an appointment whenever I want	O	O	O	O	
40. I can get transportation to health services	O	O	O	O	
41. I do not have to wait too long in waiting rooms	O	O	O	O	
42. I can get pregnancy care when I need it	O	O	O	O	O
43. I can get recommended immunizations	O	O	O	O	
44. I get quality medical services in my neighborhood	O	O	O	O	

What You Think About The Wellness Plan

Now for a final few questions regarding your thoughts about and satisfaction with The Wellness Plan (TWP)

I agree that:	Strongly Agree	Agree	Disagree	Strongly Disagree	No Opinion
45. TWP offers high quality health care to my community	O	O	O	O	O
46. TWP is an important part of the Detroit health care system	O	O	O	O	O
47. TWP's continued presence in my community is important to me	O	O	O	O	O
48. I would have difficulties replacing The services I receive from TWP	O	O	O	O	O

Please feel free to tell us anything else about your or your household's health and medical needs or if you have any other healthcare related comments:_____ _____
_____
_____

Thank you for taking the time to complete this survey!!!