

## 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 que I am a	estions and a	inswers:	
Female	•	l live in zip code number <u>4 8</u> 237	
Male	0		
		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	2. I am		3. I am		4. I am			
	Female O	Sing	e O	Arabic	0			yed Full Tim	
	Male O		ied O	Asian	0			yed Part Tim	
			rced O	Black	0			keeper	0
			wed O	Hispanic	0		Retired		0
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o. r an				Other	U		Outor		Ũ
<ul> <li>For the next two questions, please do not leave blanks but enter zero wherever your answer is zero</li> <li>6. The number of people living in my home including myself under the age of 18 is</li> <li>between 18 and 64 years old is</li> <li>65 years and older</li> <li>7. Including me, the number of people here with me today under the age of 18 is</li> <li>between 18 and 64 years old is</li> <li>65 years and older</li> </ul>									
8. I live	e in zip code nu	mber 4 8				11. M	v medi	cal insuran	ce is
8. I live in zip code number <u>4 8</u>							Medica Medica Medica Other I	are O	0
	wore than 400,		-			ncare		e Ins only O O	
Now fo			Some Info	ormation About You		ıcare	Private	Ins only O	Does not
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I or members of my household suffer from the following health care problems:

	Yes	<u>No</u>	Not sure
15. Heart disease	0	0	0
16. Asthma	0	0	0
17. Other breathing or respiratory disease	0	0	0
18. Diabetes	0	0	0
19. <u>Stroke</u>	0	0	0
20. Cancer	0	0	0
21. Alzheimer's Disease	0	0	0
22. High Blood Pressure	0	0	0
23. High Cholesterol	0	0	0
24. Liver conditions	0	0	0
25. Eating disorders	0	0	0
26. Malnutrition	0	0	0
27. Obesity/very overweight	0	0	0
28. Sexually transmitted disease	0	0	0
29. <u>HIV/AIDS</u>	0	0	0
<ol><li>Problems coping with daily life</li></ol>	0	0	0
31. Drug abuse	0	0	0
32. Alcohol abuse	0	0	0
33. Smoking	0	0	0
34. Accident or Injury requiring continuing care	0	0	0
35. Lead poisoning	0	0	0
36. <u>Gambling</u>	0	0	0
Some Informe	otion	About	Vour Hoolth

## 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 <u>Apply</u>			
37. There are <u>enough</u> health services in			<u></u>		<u></u>			
my neighborhood	0	0	0	0				
38. The health services in my neighborhood								
meet my household needs	0	0	0	0				
39. I can get an appointment whenever I want	0	0	0	0				
40. I can get transportation to health services	0	0	0	0				
41. I do not have to wait too long in waiting room	ns O	0	0	0				
42. I can get pregnancy care when I need it	0	0	0	0	0			
43. I can get recommended immunizations	0	0	0	0				
<ol><li>44. I get quality medical services in my</li></ol>								
neighborhood	0	0	0	0				
What You Think About The Wellness Plan								

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

<b>I agree that:</b> 45. TWP offers high quality health care to	Strongly <u>Agree</u>	Agree	<u>Disagree</u>	Strongly Disagree	No <u>Opinion</u>
<ul><li>45. TWP oners high quality health care to my community</li><li>46. TWP is an important part of the</li></ul>	0	0	0	0	0
Detroit health care system 47. TWP's continued presence in my	0	0	0	0	0
community is important to me 48. I would have difficulties replacing	0	0	0	0	0
The services I receive from TWP	0	0	0	0	0

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!!!