

Dobbins Community Center/ Rural Health Clinic

CONFIDENTIAL SURVEY

HOUSEHOLD INFORMATION:

1. What is your age? _____

2. Which one of the following best describes you? (Choose one)

- Single
- Married
- Widowed
- Divorced
- Living with partner
- Other _____

3. What is your gender? (Choose one)

- Male
- Female

4. How many adults live in your home? _____ How many children live in your home? _____

4a. If you do have children living in your home, what are the ages of the children?

age age age age age age age

4b. If there are children in the home, how are they related to the Primary Caregiver?

- Biological child..... yes no
- Foster child..... yes no
- Step child yes no
- Grandchild..... yes no
- Other family relation... yes no
- Child of friend..... yes no
- Other..... yes no

If there are no (0) children in your home, skip to question 5.

5. Which primary racial/ethnic group do you most closely identify? (Choose one)

- African-American
- Caucasian
- Latino
- American Indian
- Asian-American
- Other _____

Please turn over the page to continue the survey.

6. What is the highest education level in the household? (Choose one)

- Middle school or less
- Some high school
- High school graduate/G.E.D.
- Trade school
- Some college
- College graduate
- Post-graduate degree

7. How long have you lived in the community? _____ What is your zip code? _____

8. Which of the following best describes your current living situation? (Choose one)

- Own your home
- Rent your home
- Own your own mobile home
- Rent your mobile home
- Rent a room
- Other _____

9. Which, if any of these assistance programs, help to support your family?

- Unemployment..... yes no
- Disability-SSI..... yes no
- Social Security..... yes no
- TANF..... yes no
- Food Stamps..... yes no
- WIC..... yes no
- Medical assistance programs (Medi-cal, Healthy Families, etc.)..... yes no
- Child support..... yes no
- Other _____

10. What is the combined total yearly income for everyone who lives in your home? (Choose one)

- \$5,000 or less
- \$5,001 - \$10,000
- \$10,001 - \$15,000
- \$15,001 - \$20,000
- \$20,001 - \$25,000
- \$25,001 - \$30,000
- \$30,001 - \$35,000
- \$35,001 - \$40,000
- \$40,001 - \$45,000
- \$45,001 - \$50,000
- More than \$50,000

SERVICE INFORMATION:

11. To which city do you/your family normally travel for routine healthcare? (Choose one)

- Marysville/Yuba City
- Olivehurst/Linda
- Grass Valley/Nevada City
- Sacramento/Roseville
- Brownsville
- Chico/Oroville
- None, do not have routine healthcare
- Other_____

12. To which city do you/your family normally travel for emergency healthcare? (Choose one)

- Marysville/Yuba City
- Olivehurst/Linda
- Grass Valley/Nevada City
- Sacramento/Roseville
- Brownsville
- Chico/Oroville
- None, do not use emergency healthcare
- Other_____

13. Which Healthcare Facility do you normally use for routine healthcare? _____

14. Which Healthcare Facility do you normally use for emergency healthcare? _____

15. What is approximate travel time to the routine healthcare facility from your home? _____

16. What is approximate travel time to the emergency healthcare facility from your home? _____

17. How many total Emergency Room visits have you made in the last 12 months? _____

18. How many total Emergency Room visits have others in your household made in the last 12 months? _____

19. Do you have medical insurance?

- yes, please list insurance company or program _____
- no

20. Do other members of your household have medical insurance?

- yes, please list insurance company(s)_____
- no

21. If it were available, would you use a local health clinic for routine health care?

- yes
- no
- not sure

Please turn over the page to continue the survey.

For questions 22-24, please circle the response that most closely describes your response.

22. If health services were being provided by a nurse practitioner, would you use them?

Absolutely Unlikely Maybe Likely Absolutely
No No Yes

23. If health services were being provided by a physician assistant, would you use them?

Absolutely Unlikely Maybe Likely Absolutely
No No Yes

24. If health services were being provided by a certified nurse-midwife, would you use them?

Absolutely Unlikely Maybe Likely Absolutely
No No Yes

25. If you needed any of the following services, would you utilize a physician-supervised local health clinic?

- General health services..... [] yes [] no [] not applicable
- Blood/blood sugar testing..... [] yes [] no [] not applicable
- Chemical examinations of urine..... [] yes [] no [] not applicable
- Examination of stool for blood..... [] yes [] no [] not applicable
- Pregnancy testing..... [] yes [] no [] not applicable
- Bacterial cultures..... [] yes [] no [] not applicable
- Child immunizations..... [] yes [] no [] not applicable
- Physicals..... [] yes [] no [] not applicable
- Minor surgery..... [] yes [] no [] not applicable
- Emergencies from injuries..... [] yes [] no [] not applicable
- Emergencies from acute illness..... [] yes [] no [] not applicable
- Use of drugs commonly used in life-saving procedures..... [] yes [] no [] not applicable
- Sexually transmitted diseases (STD) testing..... [] yes [] no [] not applicable
- Family planning (birth control)..... [] yes [] no [] not applicable
- Women’s care (pap smears, prenatal care)..... [] yes [] no [] not applicable
- Mental health services..... [] yes [] no [] not applicable
- Chronic pain/illness treatment..... [] yes [] no [] not applicable

26. Have you or members of your household experienced any of the following as barriers to receiving healthcare?

- Transportation to healthcare facility..... yes no not applicable
- Excessive time spent in waiting rooms..... yes no not applicable
- Inconvenient hours of operation..... yes no not applicable
- No childcare while receiving services..... yes no not applicable
- Unqualified healthcare providers..... yes no not applicable
- Rude/unfriendly healthcare providers..... yes no not applicable
- Cost of healthcare..... yes no not applicable
- Language interpreters are unavailable..... yes no not applicable
- Healthcare providers do not understand my culture..... yes no not applicable
- I am afraid to see a healthcare provider..... yes no not applicable

27. Do you feel any of the following barriers would be reduced if a local health clinic were opened in Dobbins?

- Transportation to healthcare facility..... yes no
- Excessive time spent in waiting rooms..... yes no
- Inconvenient hours of operation..... yes no
- No childcare while receiving services..... yes no
- Unqualified healthcare providers..... yes no
- Rude/unfriendly healthcare providers..... yes no
- Cost of healthcare yes no
- Language interpreters are unavailable..... yes no
- Healthcare providers do not understand my culture..... yes no
- I am afraid to see a healthcare provider..... yes no

THANK YOU!