CARD A

3) If you or your household has had difficulty getting needed medical services in the past year, what are the reasons for this?

a) do not have a car or transportation to go to the doctor

b) do not have childcare

c) do not have a doctor/clinic to go to

d) do not have insurance

e) do not have enough money to pay for health care

f) do not know where to go for health care

g) do not like to go to the doctor

h) do not like to go to the doctor alone

i) do not like to leave home

j) Doctor's office/Clinics were not opened when I/we needed health care.

k) Doctor's office/Clinics could not give me/us an appt when needed.

l) Doctor's office/Clinic is too far from home.

m) Doctor's office/Clinic waiting time is too long.

n) Doctor is different each time I/we go for health care.

o) Doctor/staff does not speak our language / look like us.

p) Doctor/staff does not listen to / understand me/us.

q) Doctor/staff does not treat me/us with respect.

r) Other_____

s) Don't Know

t) Refused to Answer

CARD B

10) Please circle all of the health problems that you and/or members of your household have:

a) Memory Loss / Forgetfulness (Alzheimer's)

b) Arthritis

c) Breathing Problems (Asthma)

d) Cancer

e) Chemical Dependency

f) Cholesterol Problems

g) Dental Care Problems

h) Depression / BiPolar / Mental Health Issues

i) Foot Care Problems

j) Swelling / Inflammation of Joints (Gout)

k) Sugars in the blood (Diabetes)

l) Heart Disease

m) HIV/AIDS / STDs

n) Mobility / Falling / Dizzy / Disoriented

o) Pressures (Low / High Blood Pressure)

p) Shakes (Uncontrollable Shaking / Parkinson's Disease)

q) Other_____

r) No Health Problems

s) Don't Know

t) Refused to Answer

CARD C

11) Please circle all the ways your household has paid for health care in the past year:

a) Cash/Credit Card

b) Disability

c) Harris County Hospital District Financial Assistance (ie: “Gold Card”)

d) Insurance (Traditional insurance - where you can go to any doctor or hospital.)

e) Managed Care Plan (ie: “Blue Cross Blue Shield” - where you have to use plan doctors and hospitals only.)

f) Military Benefits

g) Medicare

h) Medicaid

i) Payment Plan (Self-pay with your Doctor/Clinic)

j) Payment Plan (With your Insurance/Managed Care Plan)

k) Worker’s Compensation

l) Other_____

m) I/We do not pay for health care.

n) I/We have not paid for health care in the past year.

o) Don't Know

p) Refused to Answer

CARD D

26) Please circle all of the issues about which your household needs further information and/or assistance:

a) Medical Care

b) Air, Water, Land, and/or
Community Concerns

c) Information about Lead in the Household

d) Counseling/Mental Health Care

e) Child Care/After School Program

f) Family Recreation

g) Food/Basic Needs

h) Nutrition Information

i) Homebuyer's, Utility, Rental Assistance

j) Education/Job Training

k) Financial Education

l) Legal Services

m) Senior Assistance

n) Disability Support

o) Other_____

p) No Assistance/Info Needed

q) Don’t Know

r) Refused to Answer