

Bright Futures for Women's Health and Wellness (BFHW) Initiative Consumer Survey

Please answer the following questions by checking the circle or circles next to your answer:

1. **How old were you on your last birthday?**
 - 13-17
 - 18-24
 - 25-44
 - 45-64
 - 65+
2. **Are you Hispanic or Latina?**
 - Yes
 - No
3. **Which of the following would you say is your race (please select one or more)?**
 - White
 - Black
 - American Indian or Alaska Native
 - Asian
 - Native Hawaiian or other Pacific Islander
4. **What is the highest level of education you have completed?**
 - Eighth grade or less
 - Some High School
 - High School/GED (General Educational Development)
 - Some College, technical or trade school
 - College Degree
 - Graduate Degree
5. **What is your marital status?**
 - Single, never married
 - Married
 - Living with Partner/ Cohabiting
 - Separated/Divorced
 - Widowed
6. **About how many times in the last 12 months have you had an appointment with this clinic for health care or other services?**
 - 0
 - 1-3
 - 4-6
 - More than 6
7. **What types of services were you seeking here today (check all that apply)?**
 - Prenatal/maternity care
 - Routine check-up
 - Treatment for illness
 - Emotional health counseling
 - Support group
 - Other _____
8. **What is your overall satisfaction with receiving services from this clinic?**
 - Very satisfied
 - Mostly satisfied
 - Somewhat satisfied
 - Mostly unsatisfied
 - Very unsatisfied
9. **How comfortable are you talking to doctors and other health care providers about your emotional health and well-being?**
 - Very comfortable
 - Mostly comfortable
 - Somewhat comfortable
 - Somewhat uncomfortable
 - Very uncomfortable
10. **In the past year, about how many times have you talked about your emotional health and well-being with a doctor, counselor or other health care provider?**
 - 0
 - 1-3
 - 4-6
 - More than 6
11. **How satisfied have you been with your personal life over the last month?**
 - Very satisfied
 - Sometimes satisfied
 - Not satisfied or dissatisfied
 - Sometimes dissatisfied
 - Very dissatisfied

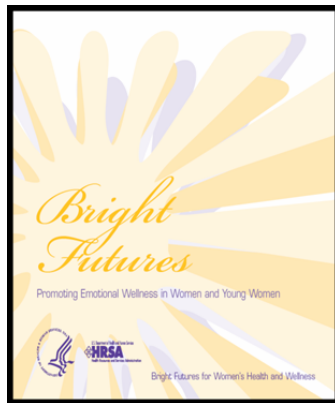
12. During the past month, how much of the time has your daily life been full of things that were interesting to you?
- All of the time
 - Most of the time
 - Some of the time
 - None of the time

13. During the past month, how often did you feel there were people you were close to?
- Always
 - Very often
 - Sometimes
 - Almost never
 - Never

14. Have you been given a copy of the BFWHW Emotional Wellness Guide (either the Young Women's or the Women's Guide)?
- Yes
 - No
 - Unsure

If you answered Yes to Question #14, please answer the rest of the questions on this survey.

If you answered "No" or "Unsure" to Question #14, please only answer Question #22.



15. Did you read all or part of the BFWHW Emotional Wellness Guide?
- All of it
 - Part of it
 - Just skimmed it
 - No

16. How easy is the BFWHW Emotional Wellness Guide to read and understand?
- Very easy
 - Somewhat easy
 - Somewhat hard
 - Very hard
 - Not sure

17. Do you think the BFWHW Emotional Wellness Guide contains advice that you can use to feel better about your life?
- Yes, it contains very useful advice
 - Yes, it contains some useful advice
 - No, the advice is not useful
 - Unsure

18. Did the personal stories and examples in the BFWHW Emotional Wellness Guide seem familiar to you or relate to your own life?
- Yes, very related
 - Somewhat related
 - Not related at all
 - Unsure

19. Would you share or recommend the BFWHW Emotional Wellness Guide to friends or family members?
- I would recommend it to a friend or family member
 - I would not recommend it to a friend or family member
 - Unsure

20. Now that you have been given the BFWHW Emotional Wellness Guide, are you more or less likely to talk about your emotional health and well-being with your doctor, counselor or another health care provider?
- More likely
 - Less likely
 - No difference
 - Unsure

21. Please write down any other comments you have about the BFWHW Emotional Wellness Guide that you would like to share:

22. Would you be interested in more information about how to improve your emotional health and well-being?
- Yes
 - No

Thank you for your participation!