

**Bright Futures for Women's Health and Wellness (BFWHW) Initiative  
Consumer Survey  
DRAFT**

*Please answer the following questions by checking the circle or circles next to your answer: Please pick one answer for each question.*

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 one of the following would you say is your race?**
- White
  - Black
  - American Indian or Alaska Native
  - Asian
  - Native Hawaiian or other Pacific Islander
  - Two or more races
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
  - A little satisfied
  - Mostly unsatisfied
  - Very unsatisfied
9. **How comfortable are you talking to doctors and other health care providers about your emotional health and wellbeing?**
- Very comfortable
  - Mostly comfortable
  - A little comfortable
  - A little uncomfortable
  - Very uncomfortable
10. **In the last 12 months, 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 happy, satisfied, or pleased have you been with your personal life over the last month?**

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- Extremely happy, could not have been more satisfied or pleased
- Very happy most of the time
- Generally happy, pleased
- Sometimes fairly satisfied, sometimes fairly unhappy
- Generally dissatisfied, unhappy
- Very dissatisfied, unhappy most of the time

**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
- A good bit of the time
- Some of the time
- A little 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
- Fairly 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 to read and understand
- Mostly easy to read and understand
- A little easy to read and understand
- A little hard to read and understand
- Very hard to read and understand

**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 mostly 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
- A little related
- Not very 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

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

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**22. Would you be interested in more information about how to improve your emotional health and wellbeing?**

- Yes
- No

*Thank you for your participation!*

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