

## 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

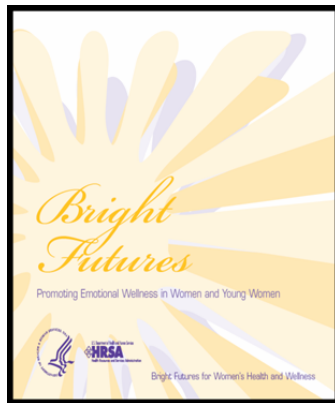
12. During the past month, how much of the time has your daily life been full of things that were interesting to you?
- All of the time
  - Most of the time
  - Some of the time
  - None of the time

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:

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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!*