



Binational Health Week 2018 Evaluation Survey

Please answer the following questions to help us get to know the community better.
This questionnaire is for adults (18+), completely voluntary and confidential.

This section is for event coordinators only:

CONSULATE: _____

Date _____ City/State _____

Type of Event Health Fair

Conference Other

Please answer the following questions:

1. Age: _____ 2. Sex Male Female

2. Where were you born?

Country _____

State _____

If you were born outside of the US,

a. What year did you *first* enter the US? _____

b. What year did you *last* enter the US? _____

3. Where do you live?

Country _____

State _____

4. Highest Education Level:

Elementary Middle School

High School College Graduate

School

Other: _____

5. Why did you come to this event?

To receive health information and education

To receive healthcare services

To learn about health insurance programs

To Enroll in health insurance programs

Other: _____

6. How helpful were the services and/or information you received during this event?

Very helpful Somewhat helpful

Not helpful

7. Is today the *first* time you have seen a doctor, nurse or health worker in the U.S.?

Yes No I don't know

8. Is today the *first* time you received health information in the U.S.?

Yes No I don't know

9. In the last 12 months, have you or a family member gone to Mexico or a Latin American country to receive healthcare services or purchase medicine, or any kind of treatments?

Yes No

10. Do you have access to healthcare services in the U.S.?

Yes No I don't

11. How long has it been since your last visit with a healthcare professional (besides today)?

Less than 1 year 1-2 years 2-3 years

More than 3 years Never I don't know

12. Where in the U.S. do you usually seek healthcare services?

Choose one

Community Clinics

Private Doctor

Emergency Room

Nowhere

Other: _____

13. Do you have health insurance?

Yes No

14. Where do you have health insurance?

U.S.A Country of origin

Both places I don't have health insurance

15. Who pays for your health insurance?

Choose all that apply.

Self Employer Government

Other: _____ I don't have health insurance

16. Do you have children between 0-17 years old?

Yes No If yes, how many? _____

How many of these children have health insurance?

17. How would you rate your overall health?

Choose one.

Excellent Good Regular

Bad Very Bad

Thank you very much for your time!