

Access and Use

10. Was there a time during the last 6 months when you needed to see a doctor, but could not because of any of the following reasons? Please read and check all that apply.

- Cost Inconvenient hours Transportation
 Language barrier Provider supply None

11. Do you have a primary care doctor or healthcare provider? (A primary care doctor is a doctor who will see you for a checkup and sick visit.)

- Yes No Name of your doctor _____
 City _____ State _____

12. If you are sick and need medical advice, where do you go?

- Doctor's office Clinic or health center Hospital
 Outpatient department Hospital emergency department
 Urgent care center Some other kind of place
 Don't know/not sure

13. What type of assistance, if any, do you need in making or keeping medical appointments?

- Childcare/eldercare Transportation
 Language None
 Other, please describe _____

Health Information

14. In the past 6 months, have you had any health problems?

- Yes Date ___/___/___ Health problem _____
 No

15. Have you or any member of your immediate family had cancer? (Immediate family includes parents, children, brothers, sisters, grandparents, aunts, uncles, nieces, and nephews.)

- Yes No (Skip to question 16)

If yes, please check all that apply.

	Name	Age at Diagnosis	Siblings/Children	Age at Diagnosis	Mother's Side	Age at Diagnosis	Father's Side	Age at Diagnosis
For Example: Colorectal Cancer	You	36 yrs.	Brother	36 yrs.	Aunt Cousin	58 yrs. 44 yrs.	Grandmother	65 yrs.
Breast Cancer								
Cervical Cancer								
Ovarian Cancer								
Colorectal Cancer								
Prostate Cancer								
Other								

16. Currently, do you smoke cigarettes, cigars, pipes or use other tobacco products? (If yes, skip to question 18.)

- Yes No

17. Have you smoked cigarettes within the last 15 years? (If no, skip to question 22.)

- Yes No

18. Do you smoke cigarettes? (If no, skip to question 22.)

- Yes No

19. On average how many packs of cigarettes do/did you smoke per day? _____

20. How long have you been smoking cigarettes, or how long did you smoke cigarettes? _____

21. Have you had a CT scan of your lungs within the last 12 months?

- Yes No

22. Do you live in a house with a basement below ground level?

- Yes No

23. Has a doctor, nurse or other healthcare professional ever told you that you have diabetes?

- Yes Yes, but only when I was pregnant
 No, but told I have pre-diabetes
 No, but told I was borderline or had a touch of sugar
 No Don't know/not sure

24. Has a doctor, nurse or other healthcare professional ever told you that you have high blood pressure?

- Yes Yes, but only when I was pregnant
 No, but told I was pre-hypertensive or borderline high
 No Don't know/not sure

25. Has a doctor, nurse or other healthcare professional ever told you that your blood cholesterol is high?

- Yes
 No, but told I was borderline high
 No
 Don't know/not sure

26. Women only: Are you pregnant?

- Yes No

27. Women only: Do you plan to become pregnant in the next year?

- Yes No

28. Women only: Do you still have your cervix?

- Yes No

28a. If no, was it removed due to cervical cancer or pre-cervical cancer?

- Yes No

29. Do you have a disability?

- Yes No

Agreement and Authorization to Release Information

I have provided and will continue to provide true and accurate information.

I give my consent for you to access the state information system to determine my eligibility for medical assistance benefits, and I authorize you to give my medical and other information to others for the purpose of survey, study, or research as long as personal identifying information about me is not made public.

Client Signature: _____

Date _____

For office use only:

Medicaid Inquiry Date: _____

Medicaid Application Status

- Medicaid pending
 Enrolled full Medicaid Enrolled limited Medicaid only
 Recently denied; denial date: _____

- Not completed because non-citizen status
 Not completed because over income for Medicaid
 Not completed because, other: _____