

Florida Health Literacy Initiative
Made possible through the generous support of Florida Blue

STUDENT SURVEY

1. Are you: (Please check one)

- Man
 Woman

2. What language do you speak at home? _____

3. What is the highest level of education you completed? (Please check one)

- | | |
|--|---|
| <input type="checkbox"/> Elementary School | <input type="checkbox"/> Middle School |
| <input type="checkbox"/> High School | <input type="checkbox"/> Associate's Degree (2 Yrs College) |
| <input type="checkbox"/> Bachelor's Degree (4 Yrs College) | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> Doctoral/Professional Degree | <input type="checkbox"/> Other: _____ |

4. Did you have health insurance at the start of this program? (Please circle one)

Yes No

5. Did your children have health insurance? (Please circle one)

Yes No I don't have children

6. Have you shared the information you learned with friends and/or family?

Yes No

7. Would you recommend this program to someone else? Yes No

8. Have you or any member of your family done any of the following because of the information you learned in your class? (Please check ALL that apply):

- | | |
|--|--|
| <input type="checkbox"/> Seen a doctor | <input type="checkbox"/> Visited a free or low-cost clinic |
| <input type="checkbox"/> Enrolled in a health insurance plan | <input type="checkbox"/> Applied for Florida KidCare |
| <input type="checkbox"/> Applied for Medicare | <input type="checkbox"/> Applied for Medicaid |
| <input type="checkbox"/> Applied for WIC (Nutrition Program for Women, Infant, and Children) | |
| <input type="checkbox"/> Applied for the Florida Discount Drug Card | |
| <input type="checkbox"/> Changed eating habits | <input type="checkbox"/> Started exercising regularly |
| <input type="checkbox"/> Visited health-related websites | <input type="checkbox"/> Other: _____ |

9. Has the health information you learned in this class helped you in your everyday life? Yes No

10. If yes, how? _____

11. What is one thing that you learned that is important to you?

12. Is there anything that you would change about the program?

13. Why? _____