

Florida Health Literacy Initiative
Made possible through the generous support of Florida Blue
2021-22 STUDENT SURVEY

1. Are you _____

Male

Female

2. What language do you speak at home? _____

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

Elementary School

Middle School

High School

Associate Degree (2 Years of College)

Bachelor's Degree (4 Years of College)

Master's Degree

Doctoral /Professional Degree

Other: _____

4. Did you have health insurance at the start of this class?

Yes

No

5. Did your children have health insurance at the start of this class? (Please check 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 class to someone else?

Yes

No

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

Seen a doctor

Visited a free or low-cost clinic

Enrolled in a health insurance plan, including Medicare, Medicaid or Kid Care

Applied for WIC (Nutrition Program for Women, Infant, and Children)

Applied for the Florida Discount Drug Card

Changed eating habits

Started exercising regularly

Visited new health-related websites

Other: _____

9. Has the health information you learned in this class helped you in your life?

Yes

No

If yes, how? _____

10. What is the most important thing you learned about in this class?

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