

Florida Health Literacy Initiative
Made possible through the generous support of Florida Blue
2018-19 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

☐ Applied for Florida KidCare

☐ Applied for Medicare

☐ Applied for Medicaid

☐ 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?
