

Health Survey

1. What concerns or worries do you have about your health?

2. Do you have a regular doctor that you see?

Yes No

- If yes, where is the doctor's office or what is the doctor's name?

- When was the last time you saw your doctor? _____

- If no, what has stopped you from being connected to a doctor?

3. When was the last time you went to the Emergency Room? What was the reason you went? _____

4. Do you take any medications? Yes No

- If yes, what medications do you take? _____

- Do you often go without your medications? Yes No

- If yes, why do you go without your meds? _____

- What issues do you have with getting your meds?

5. Are you a veteran? Yes No

6. Are you living in a house? Yes No

7. How long have you been living in Fort Bragg and where were you before you came here? _____

Anything else you want to tell us? _____

Thank you very much for taking the survey!