

REFUGEE HOME VISIT SURVEY

SOCIO DEMOGRAPHICS

Name: _____

Gender: _____

Age: _____

Married? Yes No Divorced Refused

Household

How many people total (including yourself) currently live in your household?

____ People Refused Don't Know

Age and gender of children currently living with you?

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

Country of Origin/Arrival date

In what country were you born?

Prior to US what country did you reside in?

On which date did you arrive in the US?

English Language Proficiency

Would you say you speak English...

Very well

Not well

refused

Well

Not at all

don't know

What languages do you speak at home?

Employment

What was your primary occupation prior to arriving in the U.S.?

IPE Group:

Visit Date: 4/15/17

RICE#

Which of the following best describes your current employment situation?

- | | |
|---|---|
| <input type="checkbox"/> Employed by a company/business | <input type="checkbox"/> Laid-off, but looking for work |
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Self-employed |
| <input type="checkbox"/> Disabled | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Homemaker | <input type="checkbox"/> Other _____ |

If unemployed, what is the main reason you are not working?

If employed, how many hours per week do you usually work at all jobs or businesses?

_____ Hours

Education

Years of education: _____

Degree(s) earned (subject specific): _____

HEALTH STATUS

Perceived health

In general would you say your health is:

- Excellent Very Good Good Fair Poor

Health Conditions

Please describe any current health conditions you are aware of for yourself or family member (including pregnancy).

- No health conditions

HEALTH INSURANCE

Current insurance coverage

What health insurance do you currently have? (If unsure ask to see insurance card)

- Medi-CAL Medi-Care Private None

If you **DO NOT** have any type of health insurance, what is the **ONE MAIN** reason why and do you need assistance?

If you do have insurance, what is the name of your managed health Care plan?

- Anthem Blue Cross Partnership Plan
- Health Net Community Solutions, Inc.
- Kaiser Permanente
- Molina Healthcare of California Partner Plan, Inc
- Sutter Senior Care
- Don't know

HEALTH CARE ACCESS AND UTILIZATION

Primary medical provider

Do you have a personal doctor or medical provider who is your main provider?

- Yes
- No
- Don't know

If yes, what is their name? _____

Do you have an appointment scheduled with them? _____

Do you need assistance in scheduling appointments? _____

Health Care Access

Within the past 3 months, were you able to get the healthcare (including mental healthcare) you or your family needed?

- Healthcare not needed
- Yes
- No → If No, please explain why _____

Communication problems with doctor

The last time you saw a doctor, did you have a hard time understanding the doctor?

- Yes
- No
- Don't know

Was this because you and the doctor spoke different languages?

- Yes
- No
- Don't know

In California, you have the right to get help from an interpreter for free during your medical visits. Did you know this before today?

- Yes
- No
- Don't know

