

Name _____ Phone or email _____

Zip code _____

Demographics

1. Number of people in your household: _____

2. Age _____

3. Ethnicity: Hispanic / Latinx Non- Hispanic Declined to answer

4. Race: American Indian/Alaska Native Asian Black/African American

Native Hawaiian/Pacific Islander Other White Declined to answer

5. Gender: Female Male Non-Binary Transgender Female

Transgender male Other Declined to answer

6. A member of your household attends

Orr Academy High School KIPP One Neither Both

7. Does your child receive health services at the Rush School Based Health Center?

Yes No Declined to answer

8. Are you a current patient or have you ever been seen at Rush?

Yes No Declined to answer

Primary Care

9. Do you have a doctor (primary care physician) or nurse you see regularly?

Yes No Declined to answer

Insurance

10. Do you have health insurance or a medical card?

Yes No Declined to answer

Food Insecurity

11. Are you worried that your food will run out before you have money to buy more?

Yes No Declined to answer

12. In the last twelve months, have you run out of food that you bought and didn't have money to get more?

Yes No Declined to answer

Utilities

13. In the last two months, have you had difficulty paying your electric, gas, or water bill?

Yes

No

Declined to answer

Transportation

14. Do you have a hard time finding transportation to and from your medical appointments?

Yes

No

Declined to answer

Housing Instability

15. Do you currently have a place to stay/live?

Yes

No

Declined to answer

16. In the next two months, will you have a place to stay/live?

Yes

No

Declined to answer

17. Do you want us to contact you for help with benefit enrollment (SNAP) or other needs?

Yes

No

Declined to answer

18. During the past month, how often did you eat FRUIT? INCLUDE fresh, frozen, canned, or dried fruit. DO NOT INCLUDE juices.

Never

Once last month

2-3 times last month

Once a week

2-3 times last week

4 or more times per week

Once daily

2 or more times per day

Don't know / Declined to answer

19. During the past month, how often did you eat other VEGETABLES that were not deep-fried? INCLUDE canned, frozen, or fresh vegetables. ALSO INCLUDE vegetables that are raw, boiled, broiled, baked, grilled, stir-fried, or microwaved.

Never

Once last month

2-3 times last month

Once a week

2-3 times last week

4 or more times per week

Once daily

2 or more times per day

Don't know / Declined to answer

20. How did you hear about this event?

School social media

School E-mail

Word of mouth

Flyer