

1. USF Health Neighborhood Care Center Survey

Please participate in an easy five minute survey regarding your position and opinions about health care in the Wesley Chapel/New Tampa area. The survey is being conducted by public relations students at the University of South Florida on behalf of USF Health. Your information is confidential and the survey doesn't require personal identification.

1. Do you live in Pasco or Hillsborough County?

Pasco

Hillsborough

2. How convenient is a walk-in clinic within a grocery store?

Very convenient

Somewhat convenient

Somewhat inconvenient

Very inconvenient

No opinion

3. How credible is the University of South Florida's College of Health?

Extremely credible

Somewhat credible

Not very credible

Not at all credible

No opinion

4. Read the following statement: A patient can receive high quality care at a walk-in clinic in a grocery store. Do you:

Strongly agree

Agree

Disagree

Strongly Disagree

No opinion

5. Did you know that there's a walk-in health clinic inside of the Sweetbay on County Line and Bruce B. Downs?

Yes

No (Please skip questions 6 - 7 and continue with question 8)

Not sure

2. Please answer questions 6 and 7 only if you answered yes to question 5.

6. How did you learn about the walk-in center? (Check all that apply.)

Advertisements in Sweetbay

Advertisements in newspaper

Article in a newspaper

Word of mouth

Other (please specify)

7. Did you know that the walk-in health center is sponsored by USF Health?

Yes

No

Not sure

3.

8. How often do you shop at the Sweetbay on County line and Bruce B. Downs?

Daily

A few times a week

Once a week

A few times a month

Once a month

Less than once a month

Never

9. How likely are you to use a walk-in clinic that's inside your local grocery store?

- Very likely
- Somewhat likely
- Neutral
- Somewhat unlikely
- Very unlikely

10. Below is a list of services. Please indicate how likely you are to consider the USF Health Neighborhood Care Center in Sweetbay for these services.

	Very unlikely	Somewhat unlikely	Neutral	Somewhat likely	Very likely
Physicals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Minor illnesses and injuries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Influenza (flu) diagnosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pregnancy tests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bone density screenings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immunizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tuberculosis testings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skin irritations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vision screenings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hearing screenings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ear wax removal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Who is the primary decision maker regarding health care issues in your household?

- You are
- You share the responsibility equally with someone else
- You are not the primary decision maker but influence decision
- You are not involved in the decision making process

12. Do you have a primary care doctor?

- Yes
- No (Please skip questions 13 and continue with question 14)

4. Please answer question 13 only if you answered yes to question 12.

13. How willing would you be to change your primary care doctor?

Very willing

Somewhat willing

Not very willing

Not at all willing

5. Demographics

14. What is your gender?

Male

Female

15. What is your age?

18-25

26-35

36-45

46-55

56-65

66+

16. Do you have health care insurance?

Yes

No

17. If so, what is your deductible?

18. What is your marital status?

Married

Single

Divorced/Widowed

Other

19. What is your ethnicity?

Caucasian

African-American

American Indian

Asian

Hispanic

Other (please specify)

20. What is your annual household income?

Less than \$25,000

\$26,000 - \$50,000

\$51,000 - \$75,000

\$76,000 - \$100,000

Above \$100,000

Prefer not to say

21. How many children in your household are between the following ages:

	1	2	3	4	5
5 and younger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6-10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11-15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16-20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 and older	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In a week we will be conducting a focus group with fellow shoppers like yourself regarding the care center. The meeting takes about 2 hours and participants will receive a coupon for a free flu shot here at the USF Health Neighborhood Care Center. If you would you be interested in participating please include your email and phone number so that I can send detailed information about the focus group. Your information will remain confidential.

Thank you very much for your time. We will be in touch. Have a nice day.

Name:

Email:

Phone: