



BRONX PARTNERS FOR  
HEALTHY COMMUNITIES

October – November 2017  
Intercept Survey

**SECTION 1:**

**Demographic Information**

1. Do you live or work in the Bronx?
2. For statistical purposes only, please tell me your ethnicity/race?
3. In which of the following groups includes your age?
  - Under 18 (discontinue interview)
  - 18 to 34
  - 35 to 54
  - 55 or older
4. Language most often spoken at home?

**SECTION 2:**

1. **If you or someone in your household has a medical concern or medical problem, what would you or they most likely do?**

Go to the emergency room at a hospital  
Visit a private doctor  
Go to an urgent care center  
Go to a hospital clinic  
Go to a neighborhood clinic  
Other (specify): \_\_\_\_\_

2. **When do you seek healthcare services most often?**

For a regular-check up  
When I am feeling I am getting sick  
When I feel very sick  
Other (specify: \_\_\_\_\_)

3. **Which hospital are you most likely to go to for your care?**

4. **Do you have a doctor who regularly provides healthcare services to you or your family?**

Yes

No

5. **Do you or your family use other health-related or community services such as but not limited to physical therapy, other therapies, home care, pharmacy, community centers, wellness programs?**

Yes

No

6. **How do you currently communicate with your doctor or other providers where you receive health or community services like but not limited to those that I named in my previous question? (List again if needed.) (Select all that apply.)**

Email

Phone calls

Text

App

Face to face

Other (specify): \_\_\_\_\_

7. **How would you like your doctor or other providers to communicate with you about scheduling and follow-up appointments? (Select one answer.)**

Email

Phone calls

Text

App

Face to face

Other (specify): \_\_\_\_\_

8. **If your doctor or other providers wanted to stay in touch regularly with you about the status of your healthcare or how to take better care of yourself, how would you like him/her to communicate with you? (Select one answer.)**

Email

Phone calls

Text

App

Face to face

Other (specify): \_\_\_\_\_

9. **Which of the following is the best way for you to learn about local community programs that address your health concerns and keep you healthy? (Select all that apply)**

Doctor

Local hospital

Religious leader

Nurse

Social worker

Direct mail

Ads in local newspaper

TV ads

Radio ads

Video

Social Media

Pamphlet or brochure

Health app

**10. What of the following is your preferred way of communicating with family and friends? (Select one.)**

Face to face                      Phone                      Text                      Email                      Social media

**11. Which of the following best describes your insurance coverage?**

Private insurance from an employer  
Insurance provided by the government or agency such as Medicare or Medicaid  
I do not have insurance  
Don't know/Not sure

**12. How do you access to the Internet?**

Your cell phone  
Home computer (laptop or desktop)  
Work computer (laptop or desktop)  
Library  
A friend or family member  
I don't have access to the Internet  
Other (specify: \_\_\_\_\_)

**SECTION 3:**

**Household Information**

**13. How many people live with you in your immediate household?**

**14. How many in your immediate household are under 18?**

**15. Which of the following best describes your employment status?**

Employed full-time                                              Employed part-time  
Not employed outside of the home                      Student  
Retired                                                              Other  
Refuse to answer

**16. Which of the following ranges best includes the total annual household income before taxes?**

Under \$25,000                      \$25,000 to \$49,999                      \$50,000 or more