

# Advocates for Health Survey

Created and Distributed by Community Action for Excellent Health (CAFEH)

## Welcome!

We created this Advocates for Health survey to learn more about how people understand and care for their health. We're interested in hearing from people of all ages.

## Key Terms in this Survey

"Health Literacy" means understanding health information, staying healthy, and getting better if you're sick. We want to know how people learn about health and how they can understand it better.

"Health Advocates" help others understand how to be healthy. They can be anyone in your community, and they teach people how to care for themselves and make good choices about their health.

## About this Survey

By answering this survey, you can tell us what you know about health and health advocates. Your perspectives are very important, and we want to know how we can help you and your family stay healthy.

This survey should take 5-7 minutes to complete.

Thank you!

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**Section 1 of 4** - This section focuses on Health Literacy:

1. How familiar are you with the term "Health Literacy"? (Choose One.)
  - Very Familiar
  - Somewhat Familiar
  - Not Familiar at All
2. How important do you think health literacy is to your overall health? (Choose One.)
  - Very Important
  - Somewhat Important
  - Not Important
3. Do you agree with the definition of Health Literacy below? (Choose One.)

*"Health Literacy" means understanding health information, staying healthy, and getting better if you're sick. We want to know how people learn about health and how they can understand it better.*

  - Yes
  - No

If your answer is "No" please explain what you would change or add:

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4. Have you ever received health information that was difficult to understand? (Choose One.)
- Yes
  - No
- If you answer is “No,” please skip question 5 and answer question 6.

5. What do you do when you find health information difficult to understand? (Choose all that apply.)
- I ask someone else to explain the information.
  - I research the information on my own.
  - I do not address the situation.
  - Other (Please Specify):

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6. How do you typically get health information? (Choose all that apply.)
- Internet Search
  - Ask a Health Professional (for example, a doctor, nurse or dietitian)
  - Ask Family or Friends
  - Other (Please Specify):

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**Section 2 of 4** - This section will focus on Health Advocates:

7. How familiar are you with the term “Health Advocate”? (Choose One)
- Very Familiar
  - Somewhat Familiar
  - Not Familiar At All
8. How important do you think health advocates are for your overall health? (Choose One)
- Very Important
  - Somewhat Important
  - Not Important

9. Do you agree with the definition of Health Advocate below? (Choose One)
- “Health Advocates” help others understand how to be healthy. They can be anyone in your community, and they teach people how to care for themselves and make good choices about their health.*
- Yes
  - No

If your answer is “No” please explain:

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10. Do you have a health advocate? (Choose One)
- Yes
  - No

If “No”, please skip questions 11, 12 and 13.

11. Who fits that role?

- Spouse
- Child
- Friend
- Church Member
- Other (Please Specify):

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12. How much do you trust your health advocate to give you health advice?

- Trust completely
- Trust a moderate amount
- Trust very little

13. How does your current health advocate help you?

- They take me to the doctor.
- They pick up my medication from the pharmacy.
- They sort my medication in my medication box.
- Other (Please Specify):

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14. What makes a health advocate valuable to you?

- They listen to me.
- They explain things in a way I understand.
- They are able to communicate very well with my healthcare team.
- Other (Please Specify):

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**Section 3 of 4** - This section will help the CAFEH team understand the community we are helping.

15. What is your age?

- Under 18
- 18 to 34 years
- 35 to 44 years
- 45 to 54 years
- 55 to 64 years
- 65 to 74 years
- 75 years or older
- I prefer not to answer.

16. What is your gender?

- Male
- Female
- Non-Binary/Third Gender
- I prefer not to answer.

17. What is your current marital status?

- Never been married
- Living with a partner
- Married
- Widowed
- Separated or Divorced
- I prefer not to answer.

18. Are you a caregiver for anyone else?

- Yes
- No
- I prefer not to answer.

If yes, please specify:

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19. What is your ethnicity? (Choose all that apply)

- Asian (Please Specify):  
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- African (Please Specify):  
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- American (Please Specify  
Black, White, etc.)  
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- Hispanic or Latino  
(Please Specify):  
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- West-Indian/Caribbean  
(Please Specify):  
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- White (Please Specify):  
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- Other (Please Specify):  
\_\_\_\_\_
- I prefer not to answer.

20. Are you currently working ?

- Yes
- No
- Retired
- I prefer not to say.

If yes, do you receive health incentives from your employer?

- Yes
- No
- I don't know.
- I prefer not to say.

21. Do you have insurance coverage?

(Choose all that apply.)

- Yes, Commercial Insurance  
(For example, Blue Cross Blue Shield,  
Humana, UnitedHealthcare)
- Yes, Medicare
- Yes, Medicaid
- Yes, Other
- No
- I prefer not to say.

22. Where do you live?

- Brooklyn, NY
- Bronx, NY
- Manhattan, NY
- Queens, NY
- Staten Island, NY
- Suffolk County, NY
- Nassau County, NY
- Westchester County, NY
- New York (Other)
- I do not live in New York.
- I prefer not to say.

**Section 4 of 4** - This section will help CAFEH make a more informed decision on how they can support your health and the health of your community.

23. What are your main health concerns?

- I am worried about my access to food.
- I am worried about poor heating or cooling in my home.
- I do not have reliable transportation.
- I can't afford my medication.
- Other (Please Specify):

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24. Do you have any diagnosed chronic conditions?

- High Blood Pressure
- High Cholesterol
- Diabetes
- Asthma
- None
- I prefer not to say.
- Other (Please Specify)

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25. Would it be helpful for you to be matched with a health advocate?

- Yes
- No
- I don't know.

26. Would you be willing to speak with a representative from CAFEH about your feedback?

- Yes
- No

If yes, please provide the best contact information below:

Name:

Phone Number:

Email Address:

**Additional Comments:**

Is there anything else you would like us to know?

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