



Traverse City, MI 49685-0506

Dear Northwest Michigan Resident:

We invite you to please take a few minutes now to answer the following questions.

Your answers will help us to better reach our friends, neighbors and families who may need assistance with health care, housing, child care, job training and employment or other kinds of community support.

If you have already replied to this survey, please *do not* fill this out again. Feel free to *skip* any question that you do not wish to answer.

As our *thank you* for returning your survey, we will be delighted to include your name in our drawing for at least 30 prizes ranging in value from \$20 to a grand prize of \$150.

Please print your name and address in the space below. No one will know who you are or your answers – your answers will be completely confidential (*your name and address will be removed and not included with your survey*).

*Thank you for your time, your interest, and your help!*

Sincerely,

*The Poverty Reduction Initiative (PRI)*

Working to reduce poverty by 25% by 2010  
Serving Antrim, Benzie, Grand Traverse, Kalkaska and Leelanau Counties

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*Please print your name and address here and return with your survey in the enclosed envelope*



First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Number & Street \_\_\_\_\_

City / Town / Village \_\_\_\_\_ MI ZIP \_\_\_\_\_

**Coalition Health  
Access Program  
"CHAP"**

3155 Logan Valley Road  
Traverse City, MI 49684

Phone 231/935-0799 | Fax 231/935-0795

November 2006

Dear Friends with CHAP:

Many of you who have been enrolled in CHAP have asked us from time to time if there is anything you can do to help our program. We are taking people up on this offer to help, and would really appreciate it if you would complete and return the two enclosed surveys.

We are trying to gather information on the usefulness of our CHAP program, and how it has or has not helped people who are enrolled. Also, the five county Poverty Reduction Initiative (PRI), of which CHAP is a member, is looking at other services in the area, and would like current information to assist with program evaluation and development of other needed services. It is very important to have current information, and these surveys would provide it.

Enclosed in this envelope are a CHAP survey, and a letter and survey from PRI. We hope you will take the time to answer these questions. As PRI's letter to you states, your answers will be completely anonymous, and you are free to skip any question you prefer not to answer. We do ask for your name and address on the separate page we have provided, so that we can enter you in a drawing for prizes! These are described in the next page, the letter from PRI.

We would really appreciate it if you would complete these short surveys within the next week if at all possible, and mail them back to us in the enclosed postage paid envelope. Thank you for your willingness and cooperation!

Sincerely,

*The CHAP Staff*

# PRI Survey

**Please tell us if you or members of your household use these community services and find them of help and value . . .**  
**(Place a check mark in the box or boxes for your answers. Either pen or pencil is OK. To change an answer, erase completely)**

**1. Do you or your household members use the services from any of the following organizations or programs (check all that apply)?**

- |   |   |
|---|---|
| <p>Department of Human Services Food Assistance ..... <input type="checkbox"/></p> <p>Department of Human Services Income Assistance... <input type="checkbox"/></p> <p>Free or reduced lunches through the schools..... <input type="checkbox"/></p> <p>CHAP..... <input type="checkbox"/></p> <p>TenCon..... <input type="checkbox"/></p> <p>Northwest Health Plan..... <input type="checkbox"/></p> <p>WIC..... <input type="checkbox"/></p> <p>Family Planning Clinics at the Health Department..... <input type="checkbox"/></p> <p>Grand Traverse/Leelanau Laundry Project..... <input type="checkbox"/></p> <p>Other (please name it) <input type="checkbox"/> <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span></p> | <p>Subsidized housing.. <input type="checkbox"/></p> <p>Michigan Works! ..... <input type="checkbox"/></p> <p>HeadStart..... <input type="checkbox"/></p> <p>Goodwill Inn ..... <input type="checkbox"/></p> <p>Father Fred..... <input type="checkbox"/></p> <p>Community meals / Local food banks..... <input type="checkbox"/></p> <p>Salvation Army..... <input type="checkbox"/></p> <p>Teamwork Northwest..... <input type="checkbox"/></p> <p>Medicaid..... <input type="checkbox"/></p> <p>Northwest Michigan Human Services Agency..... <input type="checkbox"/></p> <p>MSU Extension Service..... <input type="checkbox"/></p> <p>Migrant Program/Telamon .... <input type="checkbox"/></p> |
|---|---|

**2. What kinds of community services have been very helpful to you? Help with . . . (check all that apply)**

- |  |  |
|--|--|
| <p>Job training or education..... <input type="checkbox"/></p> <p>Job searching ..... <input type="checkbox"/></p> <p>Keeping a job..... <input type="checkbox"/></p> <p>Reading and writing English..... <input type="checkbox"/></p> <p>Housing..... <input type="checkbox"/></p> <p>Food assistance..... <input type="checkbox"/></p> <p>Transportation..... <input type="checkbox"/></p> <p>Child care..... <input type="checkbox"/></p> <p>Any other helpful community service --&gt; <span style="border: 1px solid black; display: inline-block; width: 150px; height: 30px; vertical-align: middle;"></span></p> | <p>Medical care..... <input type="checkbox"/></p> <p>Dental care ..... <input type="checkbox"/></p> <p>Alcohol or drug treatment..... <input type="checkbox"/></p> <p>Counseling on relationships with my spouse, partner, family, or others ..... <input type="checkbox"/></p> <p>I have not needed or been helped by any of these ..... <input type="checkbox"/></p> |
|--|--|

**3. What kind of additional help do you need, that no program is now providing to you? Help with . . . (check all that apply)**

- |   |  |
|---|--|
| <p>Job training or education..... <input type="checkbox"/></p> <p>Job searching ..... <input type="checkbox"/></p> <p>Keeping a job..... <input type="checkbox"/></p> <p>Reading and writing English..... <input type="checkbox"/></p> <p>Housing..... <input type="checkbox"/></p> <p>Food assistance..... <input type="checkbox"/></p> <p>Transportation..... <input type="checkbox"/></p> <p>Child care..... <input type="checkbox"/></p> <p>Something else --&gt; <span style="border: 1px solid black; display: inline-block; width: 150px; height: 30px; vertical-align: middle;"></span></p> | <p>Medical care..... <input type="checkbox"/></p> <p>Dental care ..... <input type="checkbox"/></p> <p>Alcohol or drug treatment..... <input type="checkbox"/></p> <p>Counseling on relationships with my spouse, partner, family, or others ..... <input type="checkbox"/></p> <p>Optical (Vision) Services..... <input type="checkbox"/></p> <p>Nothing special ..... <input type="checkbox"/></p> |
|---|--|



14. When thinking about the future, what is your best hope for reaching your personal goals and dreams? (check one answer)

- Getting more education .....
- Finding a partner who will help out .....
- Getting healthy.....
- Finding child care so I can work .....
- Finding good transportation.....
- Kicking my bad habits .....
- Winning big in the lottery or at the casino .....
- I'm happy with my life now.....

Other (please explain)->

15. Would you say that in general your physical health is: (check one answer)

- Excellent .....
- Very Good.....
- Good .....
- Fair.....
- Poor.....

16. Would you say that in general your mental health (things like stress, depression, and problems with emotions) is: (check one answer)

- Excellent .....
- Very Good.....
- Good .....
- Fair.....
- Poor.....

17. How much do you feel that you are connected to the people in your community and accepted by them? (check one answer)

- Very much.....
- Quite a lot .....
- A little bit .....
- Not at all.....
- I think the people in my community are mostly against me....

18. When you think about the life you live, do you think of yourself as: (check one answer)

- A successful person.
- Successful in most ways.....
- Not successful yet, but getting there.....
- Mostly not successful.....
- Not successful .....

19. Which best describes you? (check one answer)

- Employed full-time ...
- Employed part-time by choice.....
- Employed part-time, but want to work more hours.....
- Self-employed.....
- Not employed because I'm a homemaker, student, or retired....
- Out of work for less than one year.....
- Out of work for more than one year.....

20. Do you have any trouble keeping a job? (check one answer)

- Yes.....
- No.....

If yes, please tell us what makes it hard to keep a job? (check all that apply)

- Transportation issues.....
- Child care issues .....
- Children's special needs .....
- Getting along with boss or coworkers....
- Disability .....
- Health problems.....
- Poor reading and writing skills.....
- Lack of education or skills .....
- Housing issues .....
- Substance abuse issues.....

Something else---->



# CHAP Health Survey

**1. How long have you been enrolled in CHAP? (check one answer)**

- Less than 6 months .....
- 6 - 12 months .....
- More than a year .....

**2. Where do you usually go if you need medical care, including routine check-ups? (one answer)**

- Your CHAP assigned primary care office .....
- An urgent care clinic .....
- An emergency room .....
- Other (please specify-->

**3. Do you get routine medical checkup exams and preventive care like immunizations, cancer screenings, or blood and urine tests? (one answer)**

- Yes, pretty regularly .....
- Sometimes .....
- No, almost never .....

**4. Are you presently able to get the health care you need? (one answer)**

- Yes .....
- No .....
- I don't really need care now .....

**5. Is CHAP important in getting you the care you need? (one answer)**

- Yes .....
- Somewhat important .....
- Probably doesn't really make any difference .....

**6. Overall, what would you say that CHAP has done for you? (one answer)**

- Nothing yet .....
- Helped somewhat .....
- Helped me get care, and I am healthier overall because of that .....

**7. Are you diabetic? (one answer)**

- Yes .....
- No (go on to question 8) .....

**Has CHAP been important in your care for diabetes? (one answer)**

- Yes .....
- Somewhat .....
- No .....

**How good a job are you honestly doing with all that you are supposed to do as part of your diabetes treatment and testing? (one answer)**

- Very well .....
- Moderately well .....
- Not very well .....
- There really isn't anything that I have to do .....

**Over the past month, how have your blood sugars been running? (one answer)**

- Always below 150 or in the "normal range" for you .....
- Frequently higher than what it's supposed to be ..
- Occasionally higher than it's supposed to be .....
- I haven't been checking like I'm supposed to .....
- I'm not required to check my blood sugars .....

**8. Do you have a problem with high blood pressure? (one answer)**

- Yes .....
- No (go on to question 9) .....

Has CHAP been important in your care for high blood pressure? (one answer)

- Yes.....
- Somewhat.....
- No.....

How good a job are you honestly doing with all that you are supposed to do as part of your blood pressure treatment? (one answer)

- Very well.....
- Moderately well.....
- Not very well.....
- There really isn't anything that I have to do.....

Over the past 6 months, how have your blood pressure readings been? (one answer)

- Never greater than 130/80.....
- Sometimes higher than 130/80.....
- Usually greater than 130/80.....
- I don't get blood pressure checks very often.....

9. Do you have problems with depression? (one answer)

- Yes.....
- No (go on to question 10).....

Has CHAP been important in your care for depression? (one answer)

- Yes.....
- Somewhat.....
- No.....

How good a job are you honestly doing with all that you are supposed to do as part of your depression treatment? (one answer)

- Very well.....
- Moderately well.....
- Not very well.....
- There really isn't anything that I have to do.....

Over the past 2 weeks, how often have you felt down, depressed, or hopeless? (one answer)

- Not at all.....
- Several days.....
- More than half of the days.....
- Nearly every day.....

10. Do you have major bone and joint problems? (one answer)

- Yes.....
- No (go on to question 11).....

Has CHAP been important in your care for this bone & joint problem? (one answer)

- Yes.....
- Somewhat.....
- No.....

How good a job are you honestly doing with all that you are supposed to do as part of your treatment for these problems? (one answer)

- Very well.....
- Moderately well.....
- Not very well.....
- There really isn't anything that I have to do.....

11. Do you have problems with obesity or being significantly overweight? (one answer)

- Yes.....
- No (go on to question 12).....

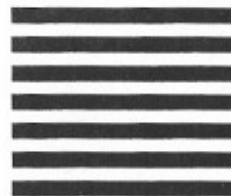
Has CHAP been important in your care for your weight problem? (one answer)

- Yes.....
- Somewhat.....
- No.....





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IN THE  
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