

Market Insights

Preventative Healthcare Module

Version Date: 3/20/2024



What are the three most important health, social, and environmental problems that affect the health of your household? (Select up to 3)

- ☐ Availability/access to doctor's office
- ☐ Availability/access to insurance
- ☐ Limited access to healthy foods (e.g., availability, expense)
- ☐ School dropout/poor schools
- ☐ Lack of job opportunities
- ☐ Race/ethnicity discrimination
- ☐ Lack of affordable childcare
- ☐ Housing/homelessness
- ☐ Neighborhood safety/violence
- ☐ Poverty
- ☐ Limited places to exercise
- ☐ Transportation problems
- ☐ Alcohol/drug addiction
- ☐ Mental health (depression, anxiety)
- ☐ Diabetes/high blood sugar
- ☐ Lung disease/asthma/COPD
- ☐ Smoking/tobacco use
- ☐ Alzheimer's/dementia
- ☐ Cancer
- ☐ Heart disease/blood pressure
- ☐ Infant death
- ☐ Stroke
- ☐ Overweight/obesity
- ☐ Other (please specify): _____
- ☐ Don't know or prefer not to answer

What are the three most important reasons why people in your community do not get health care? (Select up to 3)

- ☐ Cost – too expensive/can't pay
- ☐ No insurance
- ☐ Lack of transportation
- ☐ Language barrier
- ☐ Wait is too long
- ☐ No doctor nearby
- ☐ Insurance not accepted
- ☐ Cultural/religious beliefs
- ☐ Other (please specify): _____
- ☐ Don't know or prefer not to answer

Do you have access to healthy foods around where you live (i.e., is healthy food available and affordable where you live)?

- ☐ Yes
- ☐ Sometimes
- ☐ No

MARKET INSIGHTS MODULE

If respondent says "No" or "Sometimes" to Quality Food Access

How has the lack of healthy food options where you live affected the following aspects of your life, if at all?

	Significantly improved	Somewhat improved	Neither improved nor worsened	Somewhat worsened	Significantly worsened
Physical health and well-being					
Mental health and well-being					
Sleep habits/sleep schedule					
Diet/eating habits					
Stress levels					
Exercise/activity level					
Concentration					

Do you, or a loved one, have experience with chronic pain (i.e., pain that lasts more than 12 weeks)? (Select all that apply)

- ☐ Yes, I have personal experience with chronic pain
- ☐ Yes, a loved one of mine has experience with chronic pain
- ☐ No experience with chronic pain

If respondent says "Yes" to Chronic Pain

Overall, how would you rate the average level of chronic pain that you, or a loved one, experiences?

- ☐ 1 - Mild
- ☐ 2
- ☐ 3
- ☐ 4 - Moderate
- ☐ 5
- ☐ 6
- ☐ 7 - Severe
- ☐ I don't know

In an average week, which of the following levels of activity best describe your lifestyle?

- ☐ Extremely Inactive (do not stand up or walk often throughout the day, e.g., bedridden)
- ☐ Sedentary (limited movement, little to no exercise, e.g., office worker getting little to no exercise)
- ☐ Moderately Active (frequent movement throughout the day, e.g., construction worker or person exercising 1 hour per day on most days)
- ☐ Vigorously Active (regular movement throughout the day, e.g., continuous physical activity at work, person who exercises more than one hour every day)
- ☐ Extremely Active (continuous movement throughout the day, e.g., competitive athlete or marathon runner)

How much time per week do you dedicate to your own health and wellness?

- ☐ Less than one hour
- ☐ 1-3 hours
- ☐ 4-6 hours
- ☐ 7-9 hours
- ☐ 10 or more hours

MARKET INSIGHTS MODULE

Which of the following activities define wellness for you? (Select all that apply)

- ☐ Physical exercise
- ☐ Healthy eating
- ☐ Leisure time for myself
- ☐ Leisure time with my family
- ☐ Mental healthcare: therapy, meditation, etc.
- ☐ Educational activities
- ☐ Sleep
- ☐ Other (please specify): _____

If you needed wellness/preventative healthcare, how long would you be willing to travel for a provider?

- ☐ 15 minutes or less
- ☐ 16-30 minutes
- ☐ 31-45 minutes
- ☐ 46-60 minutes
- ☐ More than 60 minutes
- ☐ N/A – I would prefer a virtual appointment

Within the next 6 months, do you or a family member plan to receive any of the following types of wellness/preventative care?

	For myself	For my spouse	For my child	For an adult in my care	Not Applicable
Routine non-urgent healthcare visits (minor illness, check-ups, etc.)					
Routine blood work					
Vaccines (flu/child immunizations etc.)					
Emotional/Mental health visit					
Nutritionist/Dietician					
Financial planner					
Personal trainer					
Yearly wellness visit					
Long-term care consultation					
COVID-19 vaccine or booster					

If you or someone you provide care for needed wellness/preventative care, which resources would you use to search for a healthcare provider? (Select all that apply)

- ☐ Hospital or physician website
- ☐ Family or friend recommendations
- ☐ Health-related websites, such as WebMD
- ☐ Insurance provider
- ☐ Internet search engines (Google, Yahoo, Bing, etc.)
- ☐ Online patient rating/reviews (Healthgrades, Yelp, Google, etc.)
- ☐ Referral from my physician
- ☐ Social media (Facebook, X, TikTok, etc.)
- ☐ Health-related rankings (U.S. News & World Report etc.)
- ☐ Other (please specify): _____
- ☐ I don't know