

**Thanks for answering these questions! Please turn in your responses to XXX to receive XXXX.**

1. **Is this the first See, Test, and Treat event you have attended?**  *Yes / No*
2. **Was there a time in the past 12 months when you needed to see a doctor but could not because**
* **You did not have health insurance** *Yes No I don’t remember*
* **You could not afford it?** *Yes No I don’t remember*
* **You did not where to go?** *Yes No I don’t remember*
* **You could not get an appointment?** Yes No I don’t remember
* **You did not have child care?** *Yes No I don’t remember*
* **You did not have transportation?** *Yes No I don’t remember*
1. **About how long has it been since you last visited a doctor for a routine checkup?**

*< 1 year;*

*1-2 years ago;*

*3-4 years ago;*

*5 or more years ago;*

*Don’t know/Not sure’*

1. **Do you have one person or a group of doctors that you visit for medical check ups?**

*Yes*

*No, I don’t see anyone for medical check ups*

*Don’t know/not sure*

1. **Did See, Test & Treat help you feel more comfortable with the thought of going to the doctor?**

*Yes, definitely / Somewhat / No, not at all*

1. **Did See, Test &Treat help you understand why it is important to have a pap smear?**

*Yes, definitely / Somewhat / No, not at all*

1. **Did See, Test & Treat help you understand why it is important to have a screening mammogram?**

*Yes, definitely / Somewhat / No, not at all*

1. **Did See, Test & Treat help you understand where you can go for preventative medical care in the future?**

*Yes, definitely / Somewhat / No, not at all*