

PROMOTOR(A) DE SALUD PROGRAM DATABASE USER GUIDE



INTRODUCTION

This *Promotor(a) de Salud* Program Database User Guide was written for any *Promotor(a)* (also known as “Camp Health Aide” or “Community Health Worker”) program interested in improving their data collection and analysis efforts. In other words, if you want to do a better job at collecting information on who your program is serving and your accomplishments, this Guide is for you!

Data collection, analysis and reporting are critical components of a strong program evaluation plan, and this Guide describes how to do that using our tools. For a more comprehensive overview on evaluation and how to evaluate your *Promotor(a)* program, please see MHP Salud’s Evaluation Toolkit, available at www.mhpsalud.org.

HOW TO USE THIS GUIDE

The Guide describes simple forms programs can use to collect data on individual and group health education activities. It also includes instructions on how to enter and analyze data from those forms into an Excel spreadsheet. While we may occasionally refer to the spreadsheets as a “database” it is not a traditional database such as those offered by Access or Statistical Product and Service Solutions (SPSS.)

We encourage and expect you to review the forms and spreadsheets and make adjustments, deletions and additions as necessary to make them relevant and helpful to your respective program goals and expectations. Feel free to remove questions and items, change the order, or add spacing as necessary!

The forms are included in the Appendix of this Guide. If you plan to adapt the forms and Excel spreadsheets, you may find versions you can download and edit on our website:

www.mhpsalud.org under Materials and Tools

If you have any questions or concerns as you begin to use these forms and spreadsheets, please feel free to contact MHP Salud at info@mhpsalud.org or 800-461-8394.

We are passionate about the importance of collecting and using good data to improve programs and are here to support **your** efforts!

COLLECTING DATA ON INDIVIDUAL AND GROUP HEALTH EDUCATION ACTIVITIES USING THE FORMS PROVIDED

Individual Health Education Record

The Individual Health Education Record is used to document a contact or interaction between a *Promotor(a)* and another person in the community on a health or social services issue that relates to the program. During this contact, which may be initiated by the *Promotor(a)* or by the other person, the *Promotor(a)* helps the other person in some way.

Below you will see a version of the Health Education Record with “pop out” notes providing explanation. These notes will guide you in creating a custom form for your program. (A clean version of the form can be found in the Appendix.)



This helps you count the total number of people (users) served without double counting. For example, in many cases, a person is seen a number of times during the season or year, but you don't want to double count that person when describing how many total people your program served.

This is for some type of identifying code. You can use something as simple as a sequential number. MHP uses a nine digit number that represents the organizational code assigned to the program followed by the number of the record in sequential order and then the year the record was completed. So, a code listed as 001-0349-11 would mean that the program number was 001 and it was the 349th record collected in the year 2011. Assigning some type of number is helpful for connecting a form to an entry in the spreadsheet if you have to go back and look up missing or confusing data from the form.

[Program Name] - HEALTH EDUCATION RECORD

1. Date: ____/____/____

2. Is this the first time you are talking with this person? (0) ☐ No (1) ☐ Yes

3. Name (optional): _____

4. Age: _____

5a. Location:

Camp or Community

(1) ☐ (insert name) (3) ☐ (insert name) (5) ☐ (insert name) (7) ☐ (insert name)
 (2) ☐ (insert name) (4) ☐ (insert name) (6) ☐ (insert name)

County

(1) ☐ (insert name) (3) ☐ (insert name) (5) ☐ (insert name) (7) ☐ (insert name)
 (2) ☐ (insert name) (4) ☐ (insert name) (6) ☐ (insert name)

5b. Site:

(1) ☐ Home (4) ☐ Community Center (7) ☐ Other Organization (10) ☐ Remotely (by phone) (13) ☐ Day Care
 (2) ☐ Health Center (5) ☐ Business (8) ☐ Park/Recreation Area (11) ☐ Police Station (14) ☐ Adult Day Care
 (3) ☐ Health Fair (6) ☐ Church (9) ☐ School (12) ☐ In Office (15) ☐ Other: _____

6a. **Topics of Interest:** Check no more than ____ topics.

Infant and Child Health

(1) ☐ Immunizations (3) ☐ Newborn Care (5) ☐ Illness (8) ☐ Other: _____
 (2) ☐ Nutrition (4) ☐ Breastfeeding (6) ☐ Dental

General Health

(9) ☐ Blood Pressure (12) ☐ Skin (15) ☐ Dental (18) ☐ Illness
 (10) ☐ Injury (13) ☐ Diabetes (16) ☐ HIV/AIDS (19) ☐ Cholesterol
 (11) ☐ Physical Activity (14) ☐ Nutrition (17) ☐ STIs (20) ☐ Other: _____

Mental Health and Substance Abuse

(21) ☐ Domestic Violence (24) ☐ Alcohol (27) ☐ Family Issues (30) ☐ Gangs
 (22) ☐ Stress (25) ☐ Tobacco (28) ☐ Rape/Assault (31) ☐ Severe Mental Health
 (23) ☐ Depression (26) ☐ Drugs (29) ☐ Abuse/Neglect (32) ☐ Other: _____

Social Services

(33) ☐ Supplemental Nutrition Assistance Program (SNAP) (35) ☐ Food/Clothing/Household (37) ☐ Other: _____
 (34) ☐ Benefits (36) ☐ Legal

Women's Health

(38) ☐ PAP (40) ☐ Breast Health (42) ☐ Pregnancy (44) ☐ Other: _____
 (39) ☐ Pelvic Exam (41) ☐ Family Planning (43) ☐ Folic Acid

Occupational Health & Safety

(45) ☐ Injury (47) ☐ Sanitation (49) ☐ Body Aches (51) ☐ Heat
 (46) ☐ Skin (48) ☐ Pesticides (50) ☐ Worker Safety (52) ☐ Other: _____

Social Determinants of Health

(53) ☐ Housing (55) ☐ Education (57) ☐ Economic (59) ☐ Other: _____
 (54) ☐ Transportation (56) ☐ Child Care (58) ☐ Community/Environment

6b. Type of Action: Check no more than ____ actions.

Decide if you will limit the number of Types of Action a CHW/Promotor(a) can select and insert that limit into the heading. For example, "Type of Action: Check no more than 5 actions."

- (1) ☐ Health Education
- (2) ☐ First Aid
- (3) ☐ Responded to Crisis
- (4) ☐ Located Resident
- (5) ☐ Translated
- (6) ☐ Made Referral or Appointment to: _____
- (7) ☐ Collected Information and Provided Follow Up
- (8) ☐ Provided Information about an Agency or Resources
- (9) ☐ Pre-Screened for Benefits
- (10) ☐ Completed Application for Assistance
- (11) ☐ Other: _____

Following up on referrals is important but can be challenging to accomplish. This form allows for two follow-up attempts on referrals made. The date of the first follow-up attempt should be noted after "1st." Then, the result of the follow-up should be marked by circling the appropriate result. When circling 1 or 2, add comments describing why services were not received or the type/quality of services received. If a second follow-up attempt is made, document the date and result under "2nd."

Feel free to insert more rows under this question if the CHWs/Promotores(as) might make more than one type of referral at a time.

7. General Referrals and Follow-up:

Name & Phone of person getting referral	Reason for Referral	Name of Agency Referred to	Date of Follow-up and Results
	(1) <input type="checkbox"/> Medical Care (2) <input type="checkbox"/> Food/Clothes (3) <input type="checkbox"/> Dental (4) <input type="checkbox"/> Mental Health (5) <input type="checkbox"/> Transportation (6) <input type="checkbox"/> Family Planning (7) <input type="checkbox"/> Other: _____ _____		<div> <div>1st: _____</div> <div>(date)</div> <div>Circle Result:</div> <div>1=received service</div> <div>2=did not receive service</div> <div>3=could not contact</div> </div> <div> <div>2nd: _____</div> <div>(date)</div> <div>Circle Result:</div> <div>1=received service</div> <div>2=did not receive service</div> <div>3=could not contact</div> </div>

8. Questions specific to program focus:

9. Comments/Concerns/Other things to note:

10. Name of person completing form: _____

If your program has a specific focus, for example, on Nutrition or on Diabetes, and you would like to include a few questions relevant to that focus, insert them here.

This information can be used to describe (and learn about) the people you are serving in demographic terms. Only fill it out if it is the first time the CHW/Promotor(a) is talking with the person (i.e. if she/he checked "Yes" on Question 2). This avoids biasing the data. For example, if a CHW/Promotor(a) sees a person five times during the program and collects this demographic information each time, the information would be duplicative and your overall numbers would be higher than they should be.

CENSUS-TYPE INFORMATION – only ask if this is the first time talking with this person

11. Gender: (1) ☐ Male (2) ☐ Female (3) ☐ Transgender

12. What is your Ethnicity/Race? (1) ☐ Hispanic or Latino
(2) ☐ African American
(3) ☐ Native American
(4) ☐ Caribbean
(5) ☐ Asian/Pacific Islander
(6) ☐ White
(7) ☐ Other: _____

13. Have you or someone in your household ever migrated for work?

(0) ☐ No

(1) ☐ Yes From: _____ (home-base state) To: _____ (state or states)

14. Have you or someone in your household ever worked in farmwork or agriculture?

(0) ☐ No

(1) ☐ Yes

15. Are you employed?

(0) ☐ No

(1) ☐ Yes

16. Are you a housewife?

(0) ☐ No

(1) ☐ Yes

17. More or less how much money does your household earn in a year (this can be a guess)?

(1) ☐ 0 - \$10,000

(2) ☐ \$11,000-\$20,000

(3) ☐ \$21,000-\$35,000

(4) ☐ \$36,000-\$50,000

(5) ☐ \$51,000 - \$65,000

(6) ☐ \$65,000 and more

18. In the past 3 months, have you received medical care, dental care or medicine from Mexico?

(0) ☐ No (1) ☐ Yes

19. What kind of health insurance do you have? :

(0) ☐ I don't have insurance

(1) ☐ Medicaid

(2) ☐ Medicare

(3) ☐ Children's Health Insurance Program (CHIP)

(4) ☐ Private

(5) ☐ County Insurance

(6) ☐ Both Medicaid/Medicare

20. Do you have a medical home (is there a health center or doctor you go to regularly)? (0) ☐ No (1) ☐ Yes

Program Coordinator only

PC comments: _____ Date of data entry: _____

PC initials: _____

Feel free to add questions and/or pick and choose which questions are of interest or helpful to your program or health center and delete the others.

Group Session Sign-in Sheet

The Group Session Sign-In Sheet is used to document who the *Promotor(a)* reached through large or small group presentations or events on a health or social services issue that relates to the program.

Just like you did on the Health Education Record, be sure to insert the names of the Counties and Camps in your community on the form before you begin to use it! Please note that the form is designed to be printed on both sides of 8.5 x 14 (legal size) paper.

Why record individual and group activities or interactions?

- Recording individual and group activities is one way to show the work that the *Promotores(as)* are doing. Statistics on who they helped and how they helped let you show what the program is accomplishing and where it could be improved. Your agency or funder may also need these numbers to evaluate the program and justify spending money on it.
- You can use these statistics to plan new activities, develop or revise materials or write future grants.
- The forms can also help you see how well each individual *Promotor(a)* is performing. You can check to see if the *Promotor(a)* is helping a variety of people, in a variety of ways. You can also use the forms to do “quality control” by checking to see if the *Promotor(a)* provides correct information and support and if she/he is serving the target population.



Make sure your data collection forms match your objectives! It is helpful to tailor your data collection forms and accompanying databases (or other types of tallying tools) at the beginning of your program so that you can easily collect the data that you need to evaluate the goals, objectives and action steps your organization or funder require.

Storing forms

Decide what you will do with the forms after they are entered into the database. Remember - they may have confidential information on them!

- Will you store them in a file cabinet? Will the cabinet be locked?
- Will you scan and save them on your computer?
- What will you do with the forms after you no longer need them?



ENTERING AND ANALYZING THE DATA FROM THE FORMS INTO THE DATABASE

Once you open the database, you will see several tabs or spreadsheets. They include:

HER tab – takes you to the spreadsheet where you will enter the data from your Health Education Records

Sample HER tab - takes you to a spreadsheet with sample data in it so you can see what the spreadsheet may look like after you enter your own data and so you can see some sample formulas and analysis.

Group tab – takes you to the spreadsheet where you will enter the data from your Group Session forms

Q13: Migration											
	P	Q	R	S	T	U	V	W	X	Y	
1	Q7: General Referral Results: If you allow for more than one referral on the form, insert		Q8: Program Specific Questions: Insert as needed		Q11	Q12	Q13: Migration			Q14	Q15
2	Reason for Referral	Referral Results		Gender	Ethnicity/ Race	Migrated for Work	Migrate From: insert name of state	Migrate To: insert name of state	Agricultural Work	Employment	
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
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27											

Entering the Data into the Excel Spreadsheet

This database is created in Excel and assumes that the person doing the data entry has some basic understanding of how Excel works. If the person does not have much experience with Excel, we hope the spreadsheet is user-friendly enough to figure out what you need to know for basic data entry. Hopefully, someone with more familiarity in your organization can do the analysis later on.

1. Each column in the spreadsheet corresponds to a question on the forms. You will enter data or codes into each corresponding column and cell.
2. Not every item on the form needs to be entered into the database (unless you want it to) such as “Name of Person Completing Form,” “Comments,” and “Program Coordinator Initials and Comments.”
3. The codes that you will enter into the database are listed on the form itself, right next to the item. In some cases, you will not see a code and should just enter the data directly, such as Date and Age. You can enter the code manually or use the drop down menus in each cell (if it has a code assigned to it).

Using the following example taken from the Health Education Record, under Q5b. Site, 1 is the code you would use if the interaction was done at a person's Home and 6 is the code you would use if the interaction was done at a Church.

[Program Name] - HEALTH EDUCATION RECORD

Record Code: _____

1. Date: ____/____/____

2. Is this the **first time** you are talking with this person? (0) ☐ No (1) ☐ Yes

3. Name (optional): _____

4. Age: _____

5a. Location:

Camp or Community

(1) ☐ (insert name) (3) ☐ (insert name) (5) ☐ (insert name) (7) ☐ (insert name)
 (2) ☐ (insert name) (4) ☐ (insert name) (6) ☐ (insert name)

County

(1) ☐ (insert name) (3) ☐ (insert name) (5) ☐ (insert name) (7) ☐ (insert name)
 (2) ☐ (insert name) (4) ☐ (insert name) (6) ☐ (insert name)

5b. Site:

(1) ☒ **Home** (4) ☐ Community Center (7) ☐ Other Organization (10) ☐ Remotely (by phone) (13) ☐ Day Care
 (2) ☐ Health Center (5) ☐ Business (8) ☐ Park/Recreation Area (11) ☐ Police Station (14) ☐ Adult Day Care
 (3) ☐ Health Fair (6) ☒ **Church** (9) ☐ School (12) ☐ In Office (15) ☐ Other: _____

6a. Topics of Interest: Check no more than ____ topics.

Referring to the image below of the Group Session Sign-In Sheet, under Topic, 3 is the code you would use if the session was on Diabetes, and 8 is the code you would use if the session was on Reproductive Health.

Group Session Sign-In Sheet

Date: _____ Program: _____ Promotor(a) Name: _____

Topic:		County:		Camp or Community:		Site:	
(1) <input type="checkbox"/> General Health	(6) <input type="checkbox"/> Dental	(1) <input type="checkbox"/> (insert name)	(1) <input type="checkbox"/> (insert name)	(1) <input type="checkbox"/> Home	(6) <input type="checkbox"/> Church		
(2) <input type="checkbox"/> Nutrition	(7) <input type="checkbox"/> Occupational Health & Safety	(2) <input type="checkbox"/> (insert name)	(2) <input type="checkbox"/> (insert name)	(2) <input type="checkbox"/> Health Center	(7) <input type="checkbox"/> Other Organization		
(3) <input checked="" type="checkbox"/> Diabetes	(8) <input checked="" type="checkbox"/> Reproductive Health	(3) <input type="checkbox"/> (insert name)	(3) <input type="checkbox"/> (insert name)	(3) <input type="checkbox"/> Health Fair	(8) <input type="checkbox"/> Park/Recreation Area		
(4) <input type="checkbox"/> Mental Health	(9) <input type="checkbox"/> Infant/Child Health			(4) <input type="checkbox"/> Community Center	(9) <input type="checkbox"/> School		
(5) <input type="checkbox"/> Domestic Violence	(10) <input type="checkbox"/> Other: _____			(5) <input type="checkbox"/> Business	(10) <input type="checkbox"/> Other: _____		

Welcome and thank you for coming! Please print your name and other information.

Participant Information	Age	Gender	Race/Ethnicity	Have you or anyone in your household migrated for work?	Have you or anyone in your household worked in agriculture?	Do you have a medical home (a health center or doctor you go to regularly)?	What kind of health insurance do you have?	How did you hear about this event?
Name: _____		(1) <input type="checkbox"/> Male (2) <input type="checkbox"/> Female (3) <input type="checkbox"/> Transgender	(1) <input type="checkbox"/> Hispanic or Latino (2) <input type="checkbox"/> African American (3) <input type="checkbox"/> Native American (4) <input type="checkbox"/> Caribbean (5) <input type="checkbox"/> Asian/Pacific Islander (6) <input type="checkbox"/> White (7) <input type="checkbox"/> Other: _____	(0) <input type="checkbox"/> No (1) <input type="checkbox"/> Yes	(0) <input type="checkbox"/> No (1) <input type="checkbox"/> Yes	(0) <input type="checkbox"/> No (1) <input type="checkbox"/> Yes	(0) <input type="checkbox"/> I don't have insurance (1) <input type="checkbox"/> Medicaid (2) <input type="checkbox"/> Medicare (3) <input type="checkbox"/> Children's Health Insurance Program (CHIP) (4) <input type="checkbox"/> Private (5) <input type="checkbox"/> County insurance (6) <input type="checkbox"/> Both Medicaid/Medicare	(1) <input type="checkbox"/> Flyer (2) <input type="checkbox"/> Brochure, Door Hanger (3) <input type="checkbox"/> Facebook (4) <input type="checkbox"/> Website (5) <input type="checkbox"/> Family or Friend (6) <input type="checkbox"/> Staff (7) <input type="checkbox"/> Radio (8) <input type="checkbox"/> Television
Name: _____		(1) <input type="checkbox"/> Male (2) <input type="checkbox"/> Female (3) <input type="checkbox"/> Transgender	(1) <input type="checkbox"/> Hispanic or Latino (2) <input type="checkbox"/> African American (3) <input type="checkbox"/> Native American (4) <input type="checkbox"/> Caribbean (5) <input type="checkbox"/> Asian/Pacific Islander (6) <input type="checkbox"/> White (7) <input type="checkbox"/> Other: _____	(0) <input type="checkbox"/> No (1) <input type="checkbox"/> Yes	(0) <input type="checkbox"/> No (1) <input type="checkbox"/> Yes	(0) <input type="checkbox"/> No (1) <input type="checkbox"/> Yes	(0) <input type="checkbox"/> I don't have insurance (1) <input type="checkbox"/> Medicaid (2) <input type="checkbox"/> Medicare (3) <input type="checkbox"/> Children's Health Insurance Program (CHIP) (4) <input type="checkbox"/> Private (5) <input type="checkbox"/> County insurance (6) <input type="checkbox"/> Both Medicaid/Medicare	(1) <input type="checkbox"/> Flyer (2) <input type="checkbox"/> Brochure, Door Hanger (3) <input type="checkbox"/> Facebook (4) <input type="checkbox"/> Website (5) <input type="checkbox"/> Family or Friend (6) <input type="checkbox"/> Staff (7) <input type="checkbox"/> Radio (8) <input type="checkbox"/> Television
Name: _____		(1) <input type="checkbox"/> Male (2) <input type="checkbox"/> Female (3) <input type="checkbox"/> Transgender	(1) <input type="checkbox"/> Hispanic or Latino (2) <input type="checkbox"/> African American (3) <input type="checkbox"/> Native American (4) <input type="checkbox"/> Caribbean (5) <input type="checkbox"/> Asian/Pacific Islander (6) <input type="checkbox"/> White (7) <input type="checkbox"/> Other: _____	(0) <input type="checkbox"/> No (1) <input type="checkbox"/> Yes	(0) <input type="checkbox"/> No (1) <input type="checkbox"/> Yes	(0) <input type="checkbox"/> No (1) <input type="checkbox"/> Yes	(0) <input type="checkbox"/> I don't have insurance (1) <input type="checkbox"/> Medicaid (2) <input type="checkbox"/> Medicare (3) <input type="checkbox"/> Children's Health Insurance Program (CHIP) (4) <input type="checkbox"/> Private (5) <input type="checkbox"/> County insurance (6) <input type="checkbox"/> Both Medicaid/Medicare	(1) <input type="checkbox"/> Flyer (2) <input type="checkbox"/> Brochure, Door Hanger (3) <input type="checkbox"/> Facebook (4) <input type="checkbox"/> Website (5) <input type="checkbox"/> Family or Friend (6) <input type="checkbox"/> Staff (7) <input type="checkbox"/> Radio (8) <input type="checkbox"/> Television

If you add an item to a question that allows for “Other” under Topics of Interest, you will see a code for that in the database. However you will have to make a note to yourself defining this Other item for when you are completing the analysis. For example, looking at the image of the Health Education Record below, if you add “Lupus” to the Other category under General Health, you will need to make a note on the spreadsheet that code 20 refers to “Lupus.”

6a. Topics of Interest: Check no more than ____ topics.

Infant and Child Health			
(1) <input type="checkbox"/> Immunizations	(3) <input type="checkbox"/> Newborn Care	(5) <input type="checkbox"/> Illness	(7) <input type="checkbox"/> Lead
(2) <input type="checkbox"/> Nutrition	(4) <input type="checkbox"/> Breastfeeding	(6) <input type="checkbox"/> Dental	(8) <input type="checkbox"/> Other: _____
General Health			
(9) <input type="checkbox"/> Blood Pressure	(12) <input type="checkbox"/> Skin	(15) <input type="checkbox"/> Dental	(18) <input type="checkbox"/> Illness
(10) <input type="checkbox"/> Injury	(13) <input type="checkbox"/> Diabetes	(16) <input type="checkbox"/> HIV/AIDS	(19) <input type="checkbox"/> Cholesterol
(11) <input type="checkbox"/> Physical Activity	(14) <input type="checkbox"/> Nutrition	(17) <input type="checkbox"/> STIs	(20) <input type="checkbox"/> Other: <u>Lupus</u>
Mental Health and Substance Abuse			
(21) <input type="checkbox"/> Domestic Violence	(24) <input type="checkbox"/> Alcohol	(27) <input type="checkbox"/> Family Issues	(30) <input type="checkbox"/> Gangs
(22) <input type="checkbox"/> Stress	(25) <input type="checkbox"/> Tobacco	(28) <input type="checkbox"/> Rape/Assault	(31) <input type="checkbox"/> Severe Mental Health
(23) <input type="checkbox"/> Depression	(26) <input type="checkbox"/> Drugs	(29) <input type="checkbox"/> Abuse/Neglect	(32) <input type="checkbox"/> Other: _____
Social Services			

To add a note to a cell, right click on the cell and select “Insert Comment” and type in your note or comment.

4. Adding columns:

Note: you will have to decide if you will enter names into the database. MHP does not, in order to respect a person’s privacy. If you decide you want to enter the names, you will have to insert a column into the spreadsheet to do so. Be sure to label this column as “Confidential.”

If you need more columns, you can insert them where you need them. For example, if you want to include room for more than three health topics, insert columns under Q6A. Do the same if you need more columns for Actions and for Referrals.

Storing and Naming Forms

Decide how you will name the database and where you will store it on your computer. We recommend you save it with a file name that includes the date each time you enter data. That way, you will always know which version is the most recent.

Example:

“Health Education Indiv. and Group Database-10-25-2012”

Analyzing the Data

Once all of the data from the forms has been entered into the spreadsheet, you are ready to analyze it and compile some results. This can be exciting because you will see trends such as how many men vs. women you served, their ages and what their most pressing health needs are. But, it can also be tedious because you have to be careful to enter the correct formulas for what you’re analyzing.

As mentioned earlier, we are assuming that the person entering the formulas and doing the analysis of your data is familiar with or has used Excel. If the person does not, she or he can do the following:

1. Look up Excel tutorials on youtube.com
2. Use the Help function within Excel.
3. Contact MHP for help.

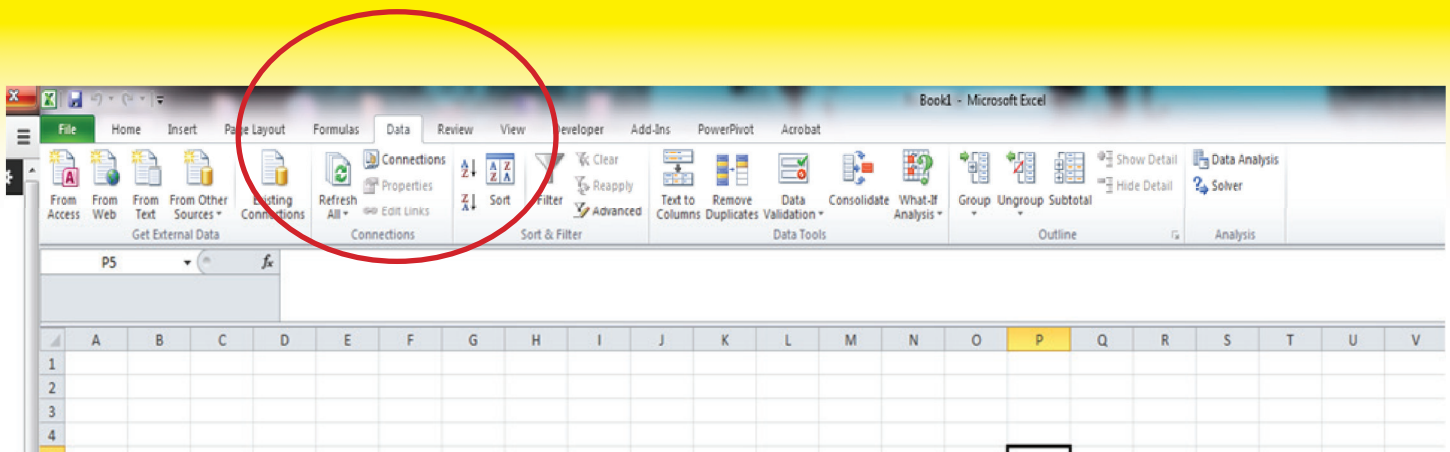


Early on in the process, decide when and how often you will be doing your data analysis – monthly, quarterly, at the end of the farm-worker season, annually?

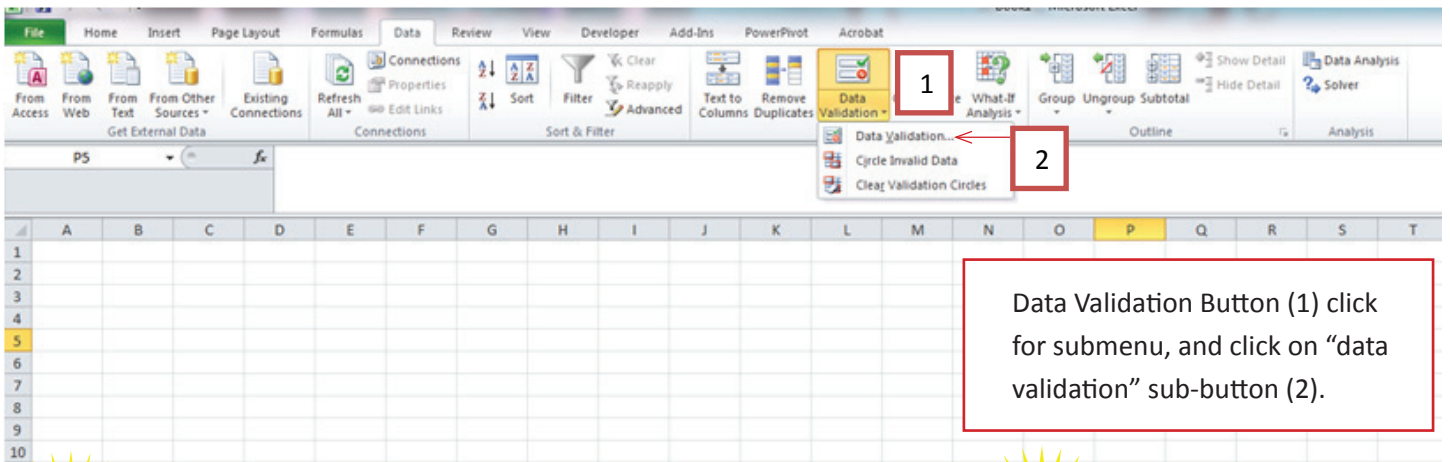
Basic Things to do Before Entering Formulas or Analyzing your Data:

1. Create a “data analysis notes page” to write down any issues or questions that arise. This can even be inserted as a spreadsheet right within the database.
2. Clean the database:
 - Identify “outliers” or problem areas, such as numbers that don’t make sense or missing data
 - Decide what to do with these “outliers” such as remove them or leave them alone and make a note of them
 - Document those actions
 - Highlight any “outliers” you leave in the database with color
3. Decide where you will do the data analysis within the spreadsheet. You can insert a formula anywhere in the spreadsheet, but we recommend you insert it at the end of a column of data to make it more visible.
4. If you want to be able to scroll up and down and side to side in the database, but still see the headings, you will need to freeze the panes. To do so, first put your cursor in the row below the row you’d like to freeze in place. Then, go to “View” in the toolbar and select “Freeze Panes.” Later, you can “unfreeze” them by following the same procedure.
5. To make data entry easier, each cell that has a code assigned to it has a drop down menu. However, these same drop down menus prevent you from entering anything besides the corresponding codes. So, in order to be able to insert a formula into one of these cells, such as at the bottom of a column, you will need to change the “Validation” of that cell. This just takes a few steps:
 - Select the cell or row where you will be entering formulas for the data analysis
 - Go to the Menu or top Toolbar and look for the “DATA” tab





You will see an Icon called “Data Validation.” Click on it and a sub menu will drop down, in which you will be able to place the parameters of your “Data Validation.”



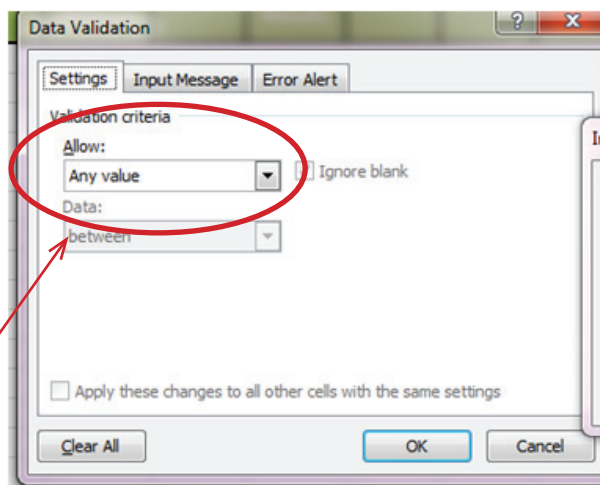
Data Validation Button (1) click for submenu, and click on “data validation” sub-button (2).

TIP

You may need to “format cells” in order to see the result in the format you are expecting. For example, if you expect the result to be a percentage and it comes back as a number, you will need to re-format the cell. Right click on the cell, then choose “Format Cells” and select “Percentage.”

TIP

If you want to filter the data to separate out certain items, you can apply Filters to the spreadsheet or to certain columns and cells. Filters allow you to display the cells that meet only certain criteria and to hide what you don’t need. For example, if you only want to look at the data for everyone who talked to a CHW/Promotor(a) for the first time, you could filter out all of the data that was coded and entered as “No” to question 2 on the Health Education Record. Or, if you only want to look at the data for women, you could filter out the responses that were marked as “Male” and “Transgender” on Q11. For a good online tutorial on using Filters in Excel, go to <http://www.youtube.com/watch?v=pqE4BdKMVQg>



Another window will open. In the “Allow” box, use the drop down menu to select “Any Value,” and then “OK.” The drop down menus should now be gone and you can enter a formula into the cell.

Basic Facts about Creating Formulas in Excel

Before you create and enter formulas into the spreadsheet, you need to know a few basic facts:

1. Excel uses parentheses, commas and colons to separate data and to refer to ranges of data.
2. To create a basic formula that will allow you to perform a certain function (such as find out how many people are Hispanic or Latino), you need to:

Insert the equal sign (=), a function name (i.e. SUM or “COUNTIF”), an “argument” which refers to the range of cells you want to pull the data from, and the “criteria” or specific data point you are looking at.

Here is one example:

=COUNTIF(T3:T12,“1”)

If you go to the sample Health Education Record spreadsheet, the above formula will generate a count of how many total Hispanic or Latino people were served because cells T3 to T12 hold the Race/Ethnicity Data, and “1” is the code for Hispanic or Latino, which is the “criteria” you want to count.

Common Formulas to Use for Data Analysis

1. To determine a sum total of an item

=sum(range of cells)

2. To determine how many people selected a specific answer, like how many Hispanics or Latinos you served, or how many people got information on Newborn Care (You will likely use this formula quite a bit to generate tallies of all of your data.)

=countif(range of cells,“code number”)

3. To determine the average age of people served

=average(range of cells)

4. To determine the median age of people served (the age that falls right in the middle of all of the ages listed)

=median(range of cells)

5. To determine the modal age of people served (the age that is the most common, for example if most people were 28 that is the modal age)

=mode(range of cells)

6. To determine total numbers of people who are of a certain age For example, your supervisor asks you to submit the total number of participants that fall within the following age ranges.

- 21 and Under
- 22 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 and Over



Become familiar with the formulas before you tackle the actual analysis!

Go to the bottom of the column in the database that has the Ages and insert the following formulas:

- to determine who was 21 and Under

=COUNTIF(range of cells in Age column, "<=21")

- to determine who was 22 to 34

=COUNTIFS(range of cells in Age column, ">=22", range of cells in Age column, "<=34")

There is a formula for this example in the sample spreadsheet:

=COUNTIFS(D3:D12, ">=22", D3:D12, "<=34")

- to determine who was 35 to 44

=COUNTIFS(range of cells in Age column, ">=35", range of cells in Age column, "<=44")

- to determine who was 45 to 54

=COUNTIFS(range of cells in Age column, ">=45", range of cells in Age column, "<=54")

- to determine who was 55 to 64

=COUNTIFS(range of cells in Age column, ">=55", range of cells in Age column, "<=64")

- to determine who was 65 and Over

=COUNTIF(range of cells in Age column, ">=65")

Please note that if you are looking at a range of ages (such as between 22 and 34), Excel will need the two ages specified as two different "criteria" so you need to use the function name COUNTIFS - an "S" is added.



If something seems "off" it's OK, and even good, to question the data.



There are many, many other things you can do with the data in Excel! Look up Excel tutorials on-line or just play around with menu items to learn more possibilities.



TIP

Insert notes or add headings to the cells that show results, so you remember what the numbers refer to.

Q5A: Location																
Q1	Q2	Q4	Q5A: Location		Q5B	Q6A: Topics of Interest: Select number you want to include and customize columns to fit			Q6B: Type of Action: Select number you want to include and customize columns to fit					Q7: General Referral Results: If you allow for more than one referral on the form, insert		Q8: Sp
Date on Form	First Time Talking to Person	Age	Camp or Community	County	Site	Topic #1	Topic #2	Topic #3	Action #1	Action #2	Action #3	Action #4	Action #5	Reason for Referral	Referral Results	
8/9/2012	1	25	2	3	1	9	14	24	1							
8/9/2012	0	30	2	3	4	15	16	18	1	6				3	2	
8/10/2012	0	26	1	2	3	38	16		1	6	8			1	1	
8/16/2012	1	19	1	2	1	35			9							
7/30/2012	1	10	3	1	1	14			1							
7/31/2012	1	47	3	1	2	9	22	35	1							
7/31/2012	0	44	3	3	1	18	39		4					1	1	
8/4/2012	1	18	3	3	6	27			1							
8/6/2012	0	34	1	2	1	10			3					1	1	
8/7/2012	0	55	2	3	1	9	13	14	1	2	6		8	1	3	

Topic #	Count
9	3
10	1
14	3

Average age	4
Median age	30.8
There is no modal age. Everyone is a different age.	28
#N/A	

3 people asked about topic #9.

Accompanied to local agency for clothes and food assistance

Clinic wanted me to find her to ask her to come in for test results.

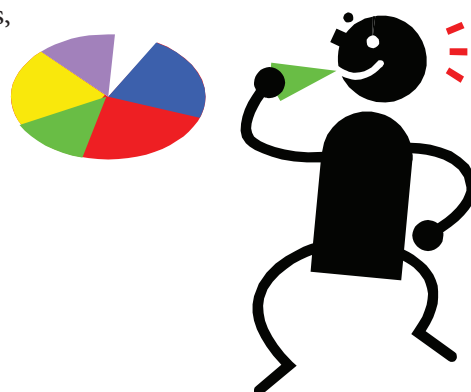
Remember to add titles of headings in your Analysis. This will help you when reading your findings.

WHAT TO DO WITH THE RESULTS

Although you will be collecting, entering, analyzing and storing a lot of data, it all helps you paint a picture of who you're serving and what you're doing. After you do the analysis and submit any reports, discuss the results with the CHWs/*Promotores(as)* and other staff.

Here are some of the things you should think about and discuss:

- What interesting results are there?
- Are we reaching our target numbers of men, women, migrants, etc.?
- What do the numbers show in terms of health status? Are we seeing certain problems more than others?
- What improvements or changes do we need to make?
- What do we need to continue doing because it's working out well?



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APPENDIX

Health Education Record (HER), English
Health Education Record (HER), Spanish
Group Session Sign-In Sheet, English
Group Session Sign-In Sheet, Spanish

[Program Name] - HEALTH EDUCATION RECORD

Record Code: _____

1. Date: ____/____/____

2. Is this the first time you are talking with this person? (0) ☐ No (1) ☐ Yes

3. Name (optional): _____

4. Age: _____

5a. Location:

Camp or Community

- | | | | |
|--|--|--|--|
| (1) <input type="checkbox"/> (insert name) | (3) <input type="checkbox"/> (insert name) | (5) <input type="checkbox"/> (insert name) | (7) <input type="checkbox"/> (insert name) |
| (2) <input type="checkbox"/> (insert name) | (4) <input type="checkbox"/> (insert name) | (6) <input type="checkbox"/> (insert name) | |

County

- | | | | |
|--|--|--|--|
| (1) <input type="checkbox"/> (insert name) | (3) <input type="checkbox"/> (insert name) | (5) <input type="checkbox"/> (insert name) | (7) <input type="checkbox"/> (insert name) |
| (2) <input type="checkbox"/> (insert name) | (4) <input type="checkbox"/> (insert name) | (6) <input type="checkbox"/> (insert name) | |

5b. Site:

- | | | | | |
|--|---|---|---|--|
| (1) <input type="checkbox"/> Home | (4) <input type="checkbox"/> Community Center | (7) <input type="checkbox"/> Other Organization | (10) <input type="checkbox"/> Remotely (by phone) | (13) <input type="checkbox"/> Day Care |
| (2) <input type="checkbox"/> Health Center | (5) <input type="checkbox"/> Business | (8) <input type="checkbox"/> Park/Recreation Area | (11) <input type="checkbox"/> Police Station | (14) <input type="checkbox"/> Adult Day Care |
| (3) <input type="checkbox"/> Health Fair | (6) <input type="checkbox"/> Church | (9) <input type="checkbox"/> School | (12) <input type="checkbox"/> In Office | (15) <input type="checkbox"/> Other: _____ |

6a. Topics of Interest: Check no more than ____ topics.

Infant and Child Health

- | | | | |
|--|--|--------------------------------------|---|
| (1) <input type="checkbox"/> Immunizations | (3) <input type="checkbox"/> Newborn Care | (5) <input type="checkbox"/> Illness | (7) <input type="checkbox"/> Lead |
| (2) <input type="checkbox"/> Nutrition | (4) <input type="checkbox"/> Breastfeeding | (6) <input type="checkbox"/> Dental | (8) <input type="checkbox"/> Other: _____ |

General Health

- | | | | |
|---|---|--|--|
| (9) <input type="checkbox"/> Blood Pressure | (12) <input type="checkbox"/> Skin | (15) <input type="checkbox"/> Dental | (18) <input type="checkbox"/> Illness |
| (10) <input type="checkbox"/> Injury | (13) <input type="checkbox"/> Diabetes | (16) <input type="checkbox"/> HIV/AIDS | (19) <input type="checkbox"/> Cholesterol |
| (11) <input type="checkbox"/> Physical Activity | (14) <input type="checkbox"/> Nutrition | (17) <input type="checkbox"/> STIs | (20) <input type="checkbox"/> Other: _____ |

Mental Health and Substance Abuse

- | | | | |
|---|---------------------------------------|---|--|
| (21) <input type="checkbox"/> Domestic Violence | (24) <input type="checkbox"/> Alcohol | (27) <input type="checkbox"/> Family Issues | (30) <input type="checkbox"/> Gangs |
| (22) <input type="checkbox"/> Stress | (25) <input type="checkbox"/> Tobacco | (28) <input type="checkbox"/> Rape/Assault | (31) <input type="checkbox"/> Severe Mental Health |
| (23) <input type="checkbox"/> Depression | (26) <input type="checkbox"/> Drugs | (29) <input type="checkbox"/> Abuse/Neglect | (32) <input type="checkbox"/> Other: _____ |

Social Services

- | | | |
|--|---|--|
| (33) <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) | (35) <input type="checkbox"/> Food/Clothing/Household | (37) <input type="checkbox"/> Other: _____ |
| (34) <input type="checkbox"/> Benefits | (36) <input type="checkbox"/> Legal | |

Women's Health

- | | | | |
|---|---|--|--|
| (38) <input type="checkbox"/> PAP | (40) <input type="checkbox"/> Breast Health | (42) <input type="checkbox"/> Pregnancy | (44) <input type="checkbox"/> Other: _____ |
| (39) <input type="checkbox"/> Pelvic Exam | (41) <input type="checkbox"/> Family Planning | (43) <input type="checkbox"/> Folic Acid | |

Occupational Health & Safety

- | | | | |
|--------------------------------------|--|---|--|
| (45) <input type="checkbox"/> Injury | (47) <input type="checkbox"/> Sanitation | (49) <input type="checkbox"/> Body Aches | (51) <input type="checkbox"/> Heat |
| (46) <input type="checkbox"/> Skin | (48) <input type="checkbox"/> Pesticides | (50) <input type="checkbox"/> Worker Safety | (52) <input type="checkbox"/> Other: _____ |

Social Determinants of Health

- | | | | |
|--|--|---|--|
| (53) <input type="checkbox"/> Housing | (55) <input type="checkbox"/> Education | (57) <input type="checkbox"/> Economic | (59) <input type="checkbox"/> Other: _____ |
| (54) <input type="checkbox"/> Transportation | (56) <input type="checkbox"/> Child Care | (58) <input type="checkbox"/> Community/Environment | |

6b. Type of Action: Check no more than ____actions.

- (1) ☐ Health Education
- (2) ☐ First Aid
- (3) ☐ Responded to Crisis
- (4) ☐ Located Resident
- (5) ☐ Translated
- (6) ☐ Made Referral or Appointment to: _____
- (7) ☐ Collected Information and Provided Follow Up
- (8) ☐ Provided Information about an Agency or Resources
- (9) ☐ Pre-Screened for Benefits
- (10) ☐ Completed Application for Assistance
- (11) ☐ Other: _____

7. General Referrals and Follow-up:

Name & Phone of person getting referral	Reason for Referral	Name of Agency Referred to	Date of Follow-up and Results
	(1) <input type="checkbox"/> Medical Care (2) <input type="checkbox"/> Food/Clothes (3) <input type="checkbox"/> Dental (4) <input type="checkbox"/> Mental Health (5) <input type="checkbox"/> Transportation (6) <input type="checkbox"/> Family Planning (7) <input type="checkbox"/> Other: _____ _____		<div> <div>Comments:</div> <div>1st: _____</div> <div>(date)</div> <div>Circle Result:</div> <div>1=received service</div> <div>2=did not receive service</div> <div>3=could not contact</div> </div> <div> <div>Comments:</div> <div>2nd: _____</div> <div>(date)</div> <div>Circle Result:</div> <div>1=received service</div> <div>2=did not receive service</div> <div>3=could not contact</div> </div>

8. Questions specific to program focus:

9. Comments/Concerns/Other things to note:

10. Name of person completing form: _____

CENSUS-TYPE INFORMATION – only ask if this is the first time talking with this person

11. Gender: (1) ☐ Male (2) ☐ Female (3) ☐ Transgender

12. What is your Ethnicity/Race? (1) ☐ Hispanic or Latino
(2) ☐ African American
(3) ☐ Native American
(4) ☐ Caribbean
(5) ☐ Asian/Pacific Islander
(6) ☐ White
(7) ☐ Other: _____

13. Have you or someone in your household ever migrated for work?

(0) ☐ No

(1) ☐ Yes From: _____ (home-base state) To: _____ (state or states)

14. Have you or someone in your household ever worked in farmwork or agriculture?

(0) ☐ No

(1) ☐ Yes

15. Are you employed?

(0) ☐ No

(1) ☐ Yes

16. Are you a housewife?

(0) ☐ No

(1) ☐ Yes

17. More or less how much money does your household earn in a year (this can be a guess)?

(1) ☐ 0 - \$10,000

(2) ☐ \$11,000-\$20,000

(3) ☐ \$21,000-\$35,000

(4) ☐ \$36,000-\$50,000

(5) ☐ \$51,000 - \$65,000

(6) ☐ \$65,000 and more

18. In the past 3 months, have you received medical care, dental care or medicine from Mexico? (0) ☐ No (1) ☐ Yes

19. What kind of health insurance do you have? :

(0) ☐ I don't have insurance

(1) ☐ Medicaid

(2) ☐ Medicare

(3) ☐ Children's Health Insurance Program (CHIP)

(4) ☐ Private

(5) ☐ County Insurance

(6) ☐ Both Medicaid/Medicare

20. Do you have a medical home (is there a health center or doctor you go to regularly)? (0) ☐ No (1) ☐ Yes

Program Coordinator only

PC comments: _____ Date of data entry: _____

PC initials: _____

[Nombre del Programa] - FORMULARIO DE LA EDUCACION DE LA SALUD

Código del Formulario: _____

1. Fecha: ____/____/____

2. ¿Es la primera vez que habla con esta persona? (0) ☐ No (1) ☐ Sí

3. Nombre (opcional): _____

4. Edad: _____

5a. Lugar:

Campamento o Comunidad

- | | | | |
|--|--|--|--|
| (1) <input type="checkbox"/> (insertar nombre) | (3) <input type="checkbox"/> (insertar nombre) | (5) <input type="checkbox"/> (insertar nombre) | (7) <input type="checkbox"/> (insertar nombre) |
| (2) <input type="checkbox"/> (insertar nombre) | (4) <input type="checkbox"/> (insertar nombre) | (6) <input type="checkbox"/> (insertar nombre) | |

Condado

- | | | | |
|--|--|--|--|
| (1) <input type="checkbox"/> (insertar nombre) | (3) <input type="checkbox"/> (insertar nombre) | (5) <input type="checkbox"/> (insertar nombre) | (7) <input type="checkbox"/> (insertar nombre) |
| (2) <input type="checkbox"/> (insertar nombre) | (4) <input type="checkbox"/> (insertar nombre) | (6) <input type="checkbox"/> (insertar nombre) | |

5b. Sitio:

- | | | | | |
|--|---|---|---|--|
| (1) <input type="checkbox"/> Casa | (4) <input type="checkbox"/> Centro Comunitario | (7) <input type="checkbox"/> Otra organización | (10) <input type="checkbox"/> Por teléfono | (13) <input type="checkbox"/> Guardería |
| (2) <input type="checkbox"/> Centro de Salud | (5) <input type="checkbox"/> Negocio | (8) <input type="checkbox"/> Parque/Area Recreativa | (11) <input type="checkbox"/> Estación de Policía | (14) <input type="checkbox"/> Asilo/Clínica para Adultos Mayores |
| (3) <input type="checkbox"/> Feria de Salud | (6) <input type="checkbox"/> Iglesia | (9) <input type="checkbox"/> Escuela | (12) <input type="checkbox"/> En la Oficina | (15) <input type="checkbox"/> Otro: _____ |

6a. Temas de Interés: Marque no más que ____ temas.

Salud Infantil/del Niño

- | | | | |
|--|--|---|---|
| (1) <input type="checkbox"/> Vacunas | (3) <input type="checkbox"/> Atención a Recién Nacidos | (5) <input type="checkbox"/> Enfermedad | (7) <input type="checkbox"/> Plomo (saturnismo) |
| (2) <input type="checkbox"/> Nutrición | (4) <input type="checkbox"/> Lactancia | (6) <input type="checkbox"/> Dental | (8) <input type="checkbox"/> Otro: _____ |

Salud en General

- | | | | |
|---|---|--|---|
| (9) <input type="checkbox"/> Presión Arterial | (12) <input type="checkbox"/> Piel | (15) <input type="checkbox"/> Dental | (18) <input type="checkbox"/> Enfermedad |
| (10) <input type="checkbox"/> Lesiones | (13) <input type="checkbox"/> Diabetes | (16) <input type="checkbox"/> VIH/SIDA | (19) <input type="checkbox"/> Colesterol |
| (11) <input type="checkbox"/> Ejercicio | (14) <input type="checkbox"/> Nutrición | (17) <input type="checkbox"/> ETS/ITS | (20) <input type="checkbox"/> Otro: _____ |

Salud Mental y Abuso de Sustancias

- | | | | |
|---|---------------------------------------|--|--|
| (21) <input type="checkbox"/> Violencia Doméstica | (24) <input type="checkbox"/> Alcohol | (27) <input type="checkbox"/> Problemas Familiares | (30) <input type="checkbox"/> Pandillas |
| (22) <input type="checkbox"/> Estrés | (25) <input type="checkbox"/> Tabaco | (28) <input type="checkbox"/> Abuso Sexual | (31) <input type="checkbox"/> Salud Mental Grave |
| (23) <input type="checkbox"/> Depresión | (26) <input type="checkbox"/> Drogas | (29) <input type="checkbox"/> Abuso/Abandono | (32) <input type="checkbox"/> Otro: _____ |

Servicios Sociales

- | | | |
|---|--|---|
| (33) <input type="checkbox"/> Programa de Asistencia Nutricional Suplementaria (SNAP) | (35) <input type="checkbox"/> Comida/Ropa/Casa | (37) <input type="checkbox"/> Otro: _____ |
| (34) <input type="checkbox"/> Beneficios | (36) <input type="checkbox"/> Legal | |

Salud de la Mujer

- | | | | |
|--|--|--|---|
| (38) <input type="checkbox"/> Papanicolaou | (40) <input type="checkbox"/> Salud del Seno | (42) <input type="checkbox"/> Embarazo | (44) <input type="checkbox"/> Otro: _____ |
| (39) <input type="checkbox"/> Examen Pélvico Uterino | (41) <input type="checkbox"/> Planificación Familiar | (43) <input type="checkbox"/> Acido Fólico | |

Salud y Seguridad en el Trabajo

- | | | | |
|--|--|---|---|
| (45) <input type="checkbox"/> Lesiones | (47) <input type="checkbox"/> Higiene | (49) <input type="checkbox"/> Dolores del Cuerpo | (51) <input type="checkbox"/> Calor |
| (46) <input type="checkbox"/> Piel | (48) <input type="checkbox"/> Pesticidas | (50) <input type="checkbox"/> Seguridad en el Trabajo | (52) <input type="checkbox"/> Otro: _____ |

Determinantes Sociales de la Salud

- | | | | |
|---|--|--|---|
| (53) <input type="checkbox"/> Provisión de Vivienda | (55) <input type="checkbox"/> Educación | (57) <input type="checkbox"/> Ayuda Financiera | (59) <input type="checkbox"/> Otro: _____ |
| (54) <input type="checkbox"/> Transporte Público | (56) <input type="checkbox"/> Cuidado de los Niños | (58) <input type="checkbox"/> Comunidad/Ambiente | |

6b. Tipo de acción: Marque no más que ____ acciones.

- (1) ☐ Educación de la salud
- (2) ☐ Proporcionó primeros auxilios
- (3) ☐ Respondió a una crisis
- (4) ☐ Localizó al residente
- (5) ☐ Tradujo
- (6) ☐ Hizo una referencia o una cita a : _____
- (7) ☐ Coleccionó información y dio seguimiento
- (8) ☐ Proporcionó información de otra agencia o recurso
- (9) ☐ Pre-calificó para beneficios
- (10) ☐ Asistió con una aplicación de beneficios
- (11) ☐ Otro: _____

7. Referencias y Seguimientos en General:

Nombre y Teléfono de la persona recibiendo la referencia	Razón para la referencia	Nombre de la agencia dónde fue referido	Fecha de seguimiento y resultados	
	(1) <input type="checkbox"/> Cuidado Médico (2) <input type="checkbox"/> Ropa/Comida (3) <input type="checkbox"/> Dental (4) <input type="checkbox"/> Salud Mental (5) <input type="checkbox"/> Transporte (6) <input type="checkbox"/> Planificación Familiar (7) <input type="checkbox"/> Otro: _____ _____		1st: _____ (fecha) Marque Resultado: 1=recibió servicio 2=no recibió servicio 3=no hubo contacto	Comentarios: _____ _____ _____
	2nd: _____ (fecha) Marque Resultado: 1=recibió servicio 2=no recibió servicio 3=no hubo contacto		Comentarios: _____ _____ _____ _____	

8. Preguntas específicas al programa:

9. Comentarios/Preocupaciones/Anote otras cosas:

10. Nombre de la persona llenando el formulario: _____

INFORMACION DE CENSO- preguntar solamente la primera vez que tiene contacto con alguien

11. Género (1) ☐ Hombre (2) ☐ Mujer (3) ☐ Transgénero

12. ¿Cuál es su raza o etnicidad? (1) ☐ Hispano o Latino
(2) ☐ Africano-Americano
(3) ☐ Nativo Americano
(4) ☐ Del Caribe
(5) ☐ Asiático/de las Islas Pacíficas
(6) ☐ Blanco
(7) ☐ Otra: _____

13. ¿Alguna vez usted o alguien en su hogar ha emigrado para trabajar?

(0) ☐ No

(1) ☐ Sí De: _____ (estado de hogar permanente) A: _____ (estado o estados)

14. ¿Alguna vez usted o alguien en su hogar ha trabajado en la labor o en la agricultura?

(0) ☐ No

(1) ☐ Sí

15. ¿Está usted empleado?

(0) ☐ No

(1) ☐ Sí

16. ¿Es usted ama de casa?

(0) ☐ No

(1) ☐ Sí

17. ¿Aproximadamente cuánto es el ingreso de su hogar en un año (puede adivinar)?

(1) ☐ 0 - \$10,000

(2) ☐ \$11,000-\$20,000

(3) ☐ \$21,000-\$35,000

(4) ☐ \$36,000-\$50,000

(5) ☐ \$51,000 - \$65,000

(6) ☐ \$65,000 o más

18. ¿En los últimos 3 meses, recibió atención médica, atención dental o medicina de México? (0) ☐ No (1) ☐ Sí

19. ¿Qué tipo de seguro médico tiene?:

(0) ☐ No tengo seguro médico

(1) ☐ Medicaid

(2) ☐ Medicare

(3) ☐ Programa de Seguro de Salud para Niños (CHIP)

(4) ☐ Privado

(5) ☐ Seguro del condado

(6) ☐ Ambos Medicaid y Medicare

20. ¿Tiene usted un centro de salud o doctor donde va para su cuidado de salud regularmente? (0) ☐ No (1) ☐ Sí

Solamente para la/el Coordinador del Programa

Comentarios de la PC: _____ Fecha de la entrada de datos: _____

Iniciales de la PC: _____

Group Session Sign-In Sheet

Date: _____

Program: _____

Promotor(a) Name: _____

Topic:			County:			Camp or Community:			Site:		
(1) <input type="checkbox"/> General Health	(6) <input type="checkbox"/> Dental	(1) <input type="checkbox"/> (insert name) (2) <input type="checkbox"/> (insert name) (3) <input type="checkbox"/> (insert name)	(1) <input type="checkbox"/> (insert name) (2) <input type="checkbox"/> (insert name) (3) <input type="checkbox"/> (insert name)	(1) <input type="checkbox"/> Home	(6) <input type="checkbox"/> Church						
(2) <input type="checkbox"/> Nutrition	(7) <input type="checkbox"/> Occupational Health & Safety			(2) <input type="checkbox"/> Health Center	(7) <input type="checkbox"/> Other Organization						
(3) <input checked="" type="checkbox"/> Diabetes	(8) <input checked="" type="checkbox"/> Reproductive Health			(3) <input type="checkbox"/> Health Fair	(8) <input type="checkbox"/> Park/Recreation Area						
(4) <input type="checkbox"/> Mental Health	(9) <input type="checkbox"/> Infant/Child Health			(4) <input type="checkbox"/> Community Center	(9) <input type="checkbox"/> School						
(5) <input type="checkbox"/> Domestic Violence	(10) <input type="checkbox"/> Other: _____			(5) <input type="checkbox"/> Business	(10) <input type="checkbox"/> Other: _____						

Welcome and thank you for coming! Please print your name and other information.

Participant Information	Age	Gender	Race/Ethnicity	Have you or anyone in your household migrated for work?	Have you or anyone in your household worked in agriculture?	Do you have a medical home (a health center or doctor you go to regularly)?	What kind of health insurance do you have?	How did you hear about this event?
Name:		(1) <input type="checkbox"/> Male (2) <input type="checkbox"/> Female (3) <input type="checkbox"/> Transgender	(1) <input type="checkbox"/> Hispanic or Latino (2) <input type="checkbox"/> African American (3) <input type="checkbox"/> Native American (4) <input type="checkbox"/> Caribbean (5) <input type="checkbox"/> Asian/Pacific Islander (6) <input type="checkbox"/> White (7) <input type="checkbox"/> Other: _____	(0) <input type="checkbox"/> No (1) <input type="checkbox"/> Yes	(0) <input type="checkbox"/> No (1) <input type="checkbox"/> Yes	(0) <input type="checkbox"/> No (1) <input type="checkbox"/> Yes	(0) <input type="checkbox"/> I don't have insurance (1) <input type="checkbox"/> Medicaid (2) <input type="checkbox"/> Medicare (3) <input type="checkbox"/> Children's Health Insurance Program (CHIP) (4) <input type="checkbox"/> Private (5) <input type="checkbox"/> County insurance (6) <input type="checkbox"/> Both Medicaid/Medicare	(1) <input type="checkbox"/> Flyer (2) <input type="checkbox"/> Brochure, Door Hanger (3) <input type="checkbox"/> Facebook (4) <input type="checkbox"/> Website (5) <input type="checkbox"/> Family or Friend (6) <input type="checkbox"/> Staff (7) <input type="checkbox"/> Radio (8) <input type="checkbox"/> Television
Name:		(1) <input type="checkbox"/> Male (2) <input type="checkbox"/> Female (3) <input type="checkbox"/> Transgender	(1) <input type="checkbox"/> Hispanic or Latino (2) <input type="checkbox"/> African American (3) <input type="checkbox"/> Native American (4) <input type="checkbox"/> Caribbean (5) <input type="checkbox"/> Asian/Pacific Islander (6) <input type="checkbox"/> White (7) <input type="checkbox"/> Other: _____	(0) <input type="checkbox"/> No (1) <input type="checkbox"/> Yes	(0) <input type="checkbox"/> No (1) <input type="checkbox"/> Yes	(0) <input type="checkbox"/> No (1) <input type="checkbox"/> Yes	(0) <input type="checkbox"/> I don't have insurance (1) <input type="checkbox"/> Medicaid (2) <input type="checkbox"/> Medicare (3) <input type="checkbox"/> Children's Health Insurance Program (CHIP) (4) <input type="checkbox"/> Private (5) <input type="checkbox"/> County insurance (6) <input type="checkbox"/> Both Medicaid/Medicare	(1) <input type="checkbox"/> Flyer (2) <input type="checkbox"/> Brochure, Door Hanger (3) <input type="checkbox"/> Facebook (4) <input type="checkbox"/> Website (5) <input type="checkbox"/> Family or Friend (6) <input type="checkbox"/> Staff (7) <input type="checkbox"/> Radio (8) <input type="checkbox"/> Television
Name:		(1) <input type="checkbox"/> Male (2) <input type="checkbox"/> Female (3) <input type="checkbox"/> Transgender	(1) <input type="checkbox"/> Hispanic or Latino (2) <input type="checkbox"/> African American (3) <input type="checkbox"/> Native American (4) <input type="checkbox"/> Caribbean (5) <input type="checkbox"/> Asian/Pacific Islander (6) <input type="checkbox"/> White (7) <input type="checkbox"/> Other: _____	(0) <input type="checkbox"/> No (1) <input type="checkbox"/> Yes	(0) <input type="checkbox"/> No (1) <input type="checkbox"/> Yes	(0) <input type="checkbox"/> No (1) <input type="checkbox"/> Yes	(0) <input type="checkbox"/> I don't have insurance (1) <input type="checkbox"/> Medicaid (2) <input type="checkbox"/> Medicare (3) <input type="checkbox"/> Children's Health Insurance Program (CHIP) (4) <input type="checkbox"/> Private (5) <input type="checkbox"/> County insurance (6) <input type="checkbox"/> Both Medicaid/Medicare	(1) <input type="checkbox"/> Flyer (2) <input type="checkbox"/> Brochure, Door Hanger (3) <input type="checkbox"/> Facebook (4) <input type="checkbox"/> Website (5) <input type="checkbox"/> Family or Friend (6) <input type="checkbox"/> Staff (7) <input type="checkbox"/> Radio (8) <input type="checkbox"/> Television

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Name:		(1) <input type="checkbox"/> Male (2) <input type="checkbox"/> Female (3) <input type="checkbox"/> Transgender	(1) <input type="checkbox"/> Hispanic or Latino (2) <input type="checkbox"/> African American (3) <input type="checkbox"/> Native American (4) <input type="checkbox"/> Caribbean (5) <input type="checkbox"/> Asian/Pacific Islander (6) <input type="checkbox"/> White (7) <input type="checkbox"/> Other: _____	(0) <input type="checkbox"/> No (1) <input type="checkbox"/> Yes	(0) <input type="checkbox"/> No (1) <input type="checkbox"/> Yes	(0) <input type="checkbox"/> No (1) <input type="checkbox"/> Yes	(0) <input type="checkbox"/> I don't have insurance (1) <input type="checkbox"/> Medicaid (2) <input type="checkbox"/> Medicare (3) <input type="checkbox"/> CHIP (4) <input type="checkbox"/> Private (5) <input type="checkbox"/> County insurance (6) <input type="checkbox"/> Both Medicaid/Medicare	(1) <input type="checkbox"/> Flyer (2) <input type="checkbox"/> Brochure, Door Hanger (3) <input type="checkbox"/> Facebook (4) <input type="checkbox"/> Website (5) <input type="checkbox"/> Family or Friend (6) <input type="checkbox"/> Staff (7) <input type="checkbox"/> Radio (8) <input type="checkbox"/> Television
Name:		(1) <input type="checkbox"/> Male (2) <input type="checkbox"/> Female (3) <input type="checkbox"/> Transgender	(1) <input type="checkbox"/> Hispanic or Latino (2) <input type="checkbox"/> African American (3) <input type="checkbox"/> Native American (4) <input type="checkbox"/> Caribbean (5) <input type="checkbox"/> Asian/Pacific Islander (6) <input type="checkbox"/> White (7) <input type="checkbox"/> Other: _____	(0) <input type="checkbox"/> No (1) <input type="checkbox"/> Yes	(0) <input type="checkbox"/> No (1) <input type="checkbox"/> Yes	(0) <input type="checkbox"/> No (1) <input type="checkbox"/> Yes	(0) <input type="checkbox"/> I don't have insurance (1) <input type="checkbox"/> Medicaid (2) <input type="checkbox"/> Medicare (3) <input type="checkbox"/> CHIP (4) <input type="checkbox"/> Private (5) <input type="checkbox"/> County insurance (6) <input type="checkbox"/> Both Medicaid/Medicare	(1) <input type="checkbox"/> Flyer (2) <input type="checkbox"/> Brochure, Door Hanger (3) <input type="checkbox"/> Facebook (4) <input type="checkbox"/> Website (5) <input type="checkbox"/> Family or Friend (6) <input type="checkbox"/> Staff (7) <input type="checkbox"/> Radio (8) <input type="checkbox"/> Television
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Hoja de Inscripciones-Sesiones de Grupo

Fecha: _____

Programa: _____

Nombre de Promotor(a): _____

Tema:			Condado:			Campamento o Comunidad:			Sitio:		
(1) <input type="checkbox"/> Salud en General	(6) <input type="checkbox"/> Dental	(1) <input type="checkbox"/> (insertar nombre)	(1) <input type="checkbox"/> (insertar nombre)	(1) <input type="checkbox"/> Casa	(6) <input type="checkbox"/> Iglesia						
(2) <input type="checkbox"/> Nutrición	(7) <input type="checkbox"/> Salud y Seguridad en el Trabajo	(2) <input type="checkbox"/> (insertar nombre)	(2) <input type="checkbox"/> (insertar nombre)	(2) <input type="checkbox"/> Centro de Salud	(7) <input type="checkbox"/> Otra Organización						
(3) <input type="checkbox"/> Diabetes	(8) <input type="checkbox"/> Salud Reproductiva	(3) <input type="checkbox"/> (insertar nombre)	(3) <input type="checkbox"/> (insertar nombre)	(3) <input type="checkbox"/> Feria de Salud	(8) <input type="checkbox"/> Parque/Area Recreativa						
(4) <input type="checkbox"/> Salud Mental	(9) <input type="checkbox"/> Salud Infantil/del Niño			(4) <input type="checkbox"/> Centro Comunitario	(9) <input type="checkbox"/> Escuela						
(5) <input type="checkbox"/> Violencia Doméstica	(10) <input type="checkbox"/> Otro: _____			(5) <input type="checkbox"/> Negocio	(10) <input type="checkbox"/> Otro: _____						

iBienvenidos y gracias por su asistencia! Por favor escriba su nombre y su información.

Información del Participante	Edad	Género	Raza/Etnicidad	¿Usted o alguien en su hogar ha emigrado para trabajar?	¿Usted o alguien en su hogar ha trabajado en la labor o en la agricultura?	¿Tiene usted un centro de salud o doctor donde va para su cuidado de salud regularmente?	¿Qué tipo de seguro médico tiene?	¿Cómo se enteró de este evento?
Nombre:		(1) <input type="checkbox"/> Hombre (2) <input type="checkbox"/> Mujer (3) <input type="checkbox"/> Transgénero	(1) <input type="checkbox"/> Hispano o Latino (2) <input type="checkbox"/> Africano-Americano (3) <input type="checkbox"/> Nativo Americano (4) <input type="checkbox"/> Del Caribe (5) <input type="checkbox"/> Asiático/de las Islas Pacíficas (6) <input type="checkbox"/> Blanco (7) <input type="checkbox"/> Otra: _____	(0) <input type="checkbox"/> No (1) <input type="checkbox"/> Si	(0) <input type="checkbox"/> No (1) <input type="checkbox"/> Si	(0) <input type="checkbox"/> No (1) <input type="checkbox"/> Si	(0) <input type="checkbox"/> No tengo seguro médico (1) <input type="checkbox"/> Medicaid (2) <input type="checkbox"/> Medicare (3) <input type="checkbox"/> Programa de Seguro de Salud para Niños (CHIP) (4) <input type="checkbox"/> Privado (5) <input type="checkbox"/> Seguro del Condado (6) <input type="checkbox"/> Ambos Medicaid/Medicare	(1) <input type="checkbox"/> Folleto (2) <input type="checkbox"/> Volantes, colgante de puerta (3) <input type="checkbox"/> Facebook (4) <input type="checkbox"/> Sitio Web (5) <input type="checkbox"/> Amigo o Familiar (6) <input type="checkbox"/> Empleado (7) <input type="checkbox"/> Radio (8) <input type="checkbox"/> Televisión
Nombre:		(1) <input type="checkbox"/> Hombre (2) <input type="checkbox"/> Mujer (3) <input type="checkbox"/> Transgénero	(1) <input type="checkbox"/> Hispano o Latino (2) <input type="checkbox"/> Africano-Americano (3) <input type="checkbox"/> Nativo Americano (4) <input type="checkbox"/> Del Caribe (5) <input type="checkbox"/> Asiático/de las Islas Pacíficas (6) <input type="checkbox"/> Blanco (7) <input type="checkbox"/> Otra: _____	(0) <input type="checkbox"/> No (1) <input type="checkbox"/> Si	(0) <input type="checkbox"/> No (1) <input type="checkbox"/> Si	(0) <input type="checkbox"/> No (1) <input type="checkbox"/> Si	(0) <input type="checkbox"/> No tengo seguro médico (1) <input type="checkbox"/> Medicaid (2) <input type="checkbox"/> Medicare (3) <input type="checkbox"/> Programa de Seguro de Salud para Niños (CHIP) (4) <input type="checkbox"/> Privado (5) <input type="checkbox"/> Seguro del Condado (6) <input type="checkbox"/> Ambos Medicaid/Medicare	(1) <input type="checkbox"/> Folleto (2) <input type="checkbox"/> Volantes, colgante de puerta (3) <input type="checkbox"/> Facebook (4) <input type="checkbox"/> Sitio Web (5) <input type="checkbox"/> Amigo o Familiar (6) <input type="checkbox"/> Empleado (7) <input type="checkbox"/> Radio (8) <input type="checkbox"/> Televisión
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Nombre:		(1) <input type="checkbox"/> Hombre (2) <input type="checkbox"/> Mujer (3) <input type="checkbox"/> Transgénero	(1) <input type="checkbox"/> Hispano o Latino (2) <input type="checkbox"/> Africano-Americano (3) <input type="checkbox"/> Nativo Americano (4) <input type="checkbox"/> Del Caribe (5) <input type="checkbox"/> Asiático/de las Islas Pacíficas (6) <input type="checkbox"/> Blanco (7) <input type="checkbox"/> Otra: _____	(0) <input type="checkbox"/> No (1) <input type="checkbox"/> Sí	(0) <input type="checkbox"/> No (1) <input type="checkbox"/> Sí	(0) <input type="checkbox"/> No (1) <input type="checkbox"/> Sí	(0) <input type="checkbox"/> No tengo seguro médico (1) <input type="checkbox"/> Medicaid (2) <input type="checkbox"/> Medicare (3) <input type="checkbox"/> Programa de Seguro de Salud para Niños (CHIP) (4) <input type="checkbox"/> Privado (5) <input type="checkbox"/> Seguro del Condado (6) <input type="checkbox"/> Ambos Medicaid/Medicare	(1) <input type="checkbox"/> Folleto (2) <input type="checkbox"/> Volantes, colgante de puerta (3) <input type="checkbox"/> Facebook (4) <input type="checkbox"/> Sitio Web (5) <input type="checkbox"/> Amigo o Familiar (6) <input type="checkbox"/> Empleado (7) <input type="checkbox"/> Radio (8) <input type="checkbox"/> Televisión
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