

WORLD MEDICAL RELIEF PRESCRIPTION PROGRAM ENROLLMENT SURVEY

Please answer all questions to the best of your ability and return survey in the enclosed envelope. We cannot process your application unless this is returned.

1. I spend \$_____ per month for my prescription medicines.
(Please include the total of all your medicines)

How often are you able to pay for all of your prescriptions each month?
(circle which answer applies)

Always Almost Always Sometimes Rarely Never

If you are not able to pay for all of your prescriptions each month, please complete the following sentence:

Each month I have \$_____ in uncovered prescription costs.

2. How often do you worry about having enough money to buy prescription medications?
(circle which answer applies)

Always Almost Always Sometimes Rarely Never

3. How often do you have to make a choice between buying prescription medications and paying bills?

Always Almost Always Sometimes Rarely Never

4. Please rate how easy it is to manage your health problems:
(Circle answer that applies)

Very Easy Somewhat Easy Somewhat Difficult Very Difficult

5. On a scale of 1 to 5, - with one being the lowest - please rate your energy level:

1 2 3 4 5

6. Please rate how healthy you feel: 1 2 3 4 5

7. Please rate how active you are: 1 2 3 4 5

8. If I need to go to the drug store, see a doctor or dentist, or participate in other medical appointments, I can get there on my own without help from family or a caregiver.

Yes _____ No _____

9. I usually must rely on family or a caregiver to help me get to my medical appointments or the drug store.

Yes _____ No _____

PLEASE USE THE BACK OF THIS SURVEY TO TELL US HOW YOU HEARD ABOUT OUR PRESCRIPTION PROGRAM.

NAME

CITY

DATE