



MISSOULA URBAN INDIAN HEALTH CENTER

406.829.9515
830 West Central, Missoula MT 59801
www.muihc.org

The purpose of this survey is to determine your health needs. To offer expanded services at MUIHC, we need to know what factors affect your health. The questionnaire is strictly confidential and private.

Please complete one survey, only to eliminate duplicate responses. Complete the following questions as thoroughly as possible:

Are you registered with Missoula Urban Indian Health Center? Yes / No

Gender? Male / Female

Age: _____

Tribal Affiliation? _____

Do you have a regular Medical Care provider that you see for your Medical needs? Yes / No

If yes, who? _____ What Facility? _____

Date of last service: _____

Did you access services: 0-3 times 4-6 times 7+ times

What reasons were you accessing care? _____

When did you last see a provider for an annual check-up? _____

Would you prefer to access these services at MUIHC, if available? Yes / No

Have you been diagnosed with or told you had a Chronic Illness/Health Condition? Yes / No

If yes, please describe. _____

Have you received any of the following screenings in the last 12 months? Check each one you have completed.

- Blood Pressure
- Cholesterol
- Blood Sugar Levels (A1C/Fasting Glucose/Oral Glucose/Random Glucose)
- Colonoscopy
- Mammogram
- PAP
- Mental Health/Depression
- Tobacco Use



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Chemical Dependency

Immunizations

Did any of them come back with positive results? Yes / No

Have you received Behavioral Health services within the last 12 months? Yes / No

If Yes, Mental Health reasons.

If Yes, Chemical Dependency reasons.

No, I have not

Have you had any difficult life experiences in the last year? Yes / No

If yes, would you be willing to participate in services for self-care and healing? Yes/ No

Describe any barriers you have experienced in accessing services? For example getting prescriptions, feeling comfortable, no insurance, co-payments, etc. Yes / No

If yes, what were they? _____

Thank you for completing the survey! You're welcome to include any additional comments or responses to the survey. If you would like to indicate your contact information we can send you updated information on our services and events as well.

Please return your completed survey in the post-marked envelope provided or drop off with Jennifer Means at the center.

If you have any further questions please feel free to contact Jennifer Means at (406) 829-9515 ext. 113 or e-mail at jmeans@muihc.org.