

# Affordable Health Care Survey

Thank you for attending Workshop #3 of CCHCC's National Health Reform Educational Workshop Series. We hope this meeting is helpful. We would like to know what you think and what you are hoping to learn, so please fill out the survey below and leave it on your chair or return it to a CCHCC staff member.

The most useful part of the workshop was: \_\_\_\_\_

The workshop could be improved by: \_\_\_\_\_

I attended the workshop looking for specific information on:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Primary Care Services | <input type="checkbox"/> Mental/Behavioral Health Services | <input type="checkbox"/> Vision Services     |
| <input type="checkbox"/> Dental Resources      | <input type="checkbox"/> Medical Billing/Debt Information  | <input type="checkbox"/> Hearing Services    |
| <input type="checkbox"/> Prescription Services | <input type="checkbox"/> Hospital Financial Assistance     | <input type="checkbox"/> General Information |
| <input type="checkbox"/> Other: _____          |  |  |

**Please call me.** I would like to speak to an Advocate about my health care situation.

**Please add my name to the Champaign County Health Care Consumers (CCHCC) mailing list and e-mail listserv so I can get helpful information and get involved with health care justice work in our community!**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_