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Would you liked to be screened? Yes No

Information

1. Complete the following statement. I am answering this survey about...

- Myself My child Another adult for whom I provide care Other

Other (please describe your relationship)

For the rest of survey, please think about the person you selected in Question 1 when answering the questions. Please select the option that best describes him or her.

2. How many times have you received care in an emergency room (ER) over the last 12 months? If you are in the ER now, please count your current visit. Please do not count urgent care visits.

- 0 times 1 time 2 or more times

3. Do you live in any of the following locations?

- I live in an assisted living facility (this is a long-term care option that provides personal care support services such as meals, bathing, dressing, or medications)
- I live in a nursing home (this is a long-term care option that provides 24 hours a day medical care that would not be possible in other housing)
- I live in a rehabilitation center or skilled nursing facility (these are centers that help a person heal after illness or injury by providing treatments like physical, occupational, or speech therapy)
- I live in an in-patient recovery program for a drug or alcohol problem
- I live in a psychiatric facility (this is a health care facility providing treatment to those with behavioral or emotional illnesses)
- I live in a correctional facility (such as a jail, prison, detention center, or penitentiary)
- None of the above

Before you continue, please make sure you have selected responses to the above question and completed this section.

Please think about the person you selected in Question 1 (either yourself or another) when answering the questions. Please select the option that best describes him or her

4. What is your living situation today?

- I have a steady place to live
- I have a place to live today, but I am worried about losing it in the future
- I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)

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5. Think about the place you live. Do you have problems with any of the following? CHOOSE ALL THAT APPLY

- Pests such as bugs, ants, or mice
- Mold
- Lead paint or pipes
- Lack of heat
- Oven or stove not working
- Smoke detectors missing or not working
- Water leaks
- None of the above

Food

*Some people have made the following statements about their food situation. Please answer whether the statements were **OFTEN**, **SOMETIMES**, or **NEVER** true for you and your household in the last 12 months.*

6. Within the past 12 months, you worried that your food would run out before you got money to buy more.

- Often true Sometimes true Never true

7. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

- Often true Sometimes true Never true

Transportation

8. In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work, or from getting to things needed for daily living?

- Yes No

Utilities

9. In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?

- Yes No Already shut off

Safety

Because violence and abuse happens to a lot of people and affects their health we are asking the following questions.

10. How often does anyone, including family and friends, physically hurt you?

- Never Rarely Sometimes Fairly often Frequently

11. How often does anyone, including family and friends, insult or talk down to you?

- Never Rarely Sometimes Fairly often Frequently

12. How often does anyone, including family and friends, threaten you with harm?

- Never Rarely Sometimes Fairly often Frequently

13. How often does anyone, including family and friends, scream or curse at you?

- Never Rarely Sometimes Fairly often Frequently



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Disabilities

14. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (5 years old or older)

Yes No

15. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (15 years old or older)

Yes No

Background

Please think about the person you selected in the first question (either yourself or another) when answering the following. If you are answering for someone else, please select the option that best describes him or her.

16. What is your sex?

Male Female

17. Are you Hispanic, Latino/a, or of Spanish origin? CHOOSE ALL THAT APPLY

- No, not of Hispanic, Latino, or Spanish origin
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin

18. Which one or more of the following would you say is your race? CHOOSE ALL THAT APPLY

- American Indian/Alaska Native
- Asian
- Black or African American
- Native Hawaiian/Other Pacific Islander
- White
- Other

19. What is the highest grade or year of school you completed?

- Never attended school or only attended kindergarten
- Grades 1 through 8 (Elementary)
- Grades 9 through 11 (Some high school)
- Grade 12 or GED (High school graduate, diploma, or alternative credential)
- College 1 year to 3 years (Some college, Associate's degree, trade, vocational, or technical school)
- College 4 years or more (College graduate)



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20. How many people do you currently live with?

Please count yourself, your spouse or partner, your children, and any other dependents. If you live alone, put 1.

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 NUMBER OF PEOPLE

21. What is your annual household income from all sources?

Please include your income as well as the income for everyone you counted above in your household.

- Less than \$10,000
- \$10,000 to less than \$15,000
- \$15,000 to less than \$20,000
- \$20,000 to less than \$25,000
- \$25,000 to less than \$35,000
- \$35,000 to less than \$50,000
- \$50,000 to less than \$75,000
- \$75,000 or more

THANK YOU

Thank you very much for answering these questions.

FOR OFFICE USE ONLY

Date

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Time

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When was this screening offered? Pre-Visit In-Visit Post-Visit

Is this screening complete? No Yes

