

Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Where we live, work, learn and play affects our health. **You do not have to answer** these questions, but they help us take care of you by understanding more about you. You can skip any question you prefer not to answer.



1. Over the last 6 months, have you **worried that you may not have a steady place to live?**  Yes  No

2. 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 on the street, in a car, or abandoned building).



3. Over the last 6 months, have you **worried about having enough money for food?**  Yes  No



4. Over the last 6 months, have you had **trouble paying your heating or electricity bill?**  Yes  No



5. Do you **ever have problems being able to afford** everything you need?  Yes  No



6. Over the last 6 months, have you **needed help from another person or service animal** with any daily activities, such as bathing, dressing, eating, or doing household chores?  Yes  No



7. Do you ever **have problems easily and safely moving around** your home, or the place you live?  Yes  No



8. In the last 6 months, have you had **trouble getting transportation to medical appointments?**  Yes  No



9. In the last 6 months, have you been **afraid of someone close to you?** (Like a spouse, partner, ex, or family member)  Yes  No

10. Do you feel your **physical or emotional safety is at risk?**  Yes  No



11. How often do you **see or talk to people that you care about and feel close to?** (Talking to friends on the phone, FaceTime or Skype, visiting friends/family, religious service, or club meetings)

- Less than once a week  3-5 times per week  
 1-2 times per week  More than 5 times per week



12. Would you like to **get help** with any of these needs?  Yes  No