Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To provide the best care, we ask all patients in the *Leading Change* project the following questions:

* 1. In the past year, have you or any family member you live with been **unable** to get any of the following when it was **really needed**? Check all that apply.

|  |  |
| --- | --- |
| Food | Yes  No |
| Utilities | Yes  No |
| Medicine or Any Health Care (Medical, Dental, Mental Health, Vision) | Yes  No |
| Phone | Yes  No |
| Clothing | Yes  No |
| Child Care | Yes  No |

Other (Please write): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I choose not to answer this question

* 1. Has the lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Check all that apply.

Yes, it has kept me from medical appointments or from getting my medications

Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need

No

I choose not to answer this question

* 1. How often do you see or talk to people that you care about and feel close to? (For example: talking to friends on the phone, visiting friends or family, going to church or club meetings)

Less than once a week

1 or 2 times a week

3 to 5 times a week

5 or more times a week

I choose not to answer this question

* 1. Stress is when someone feels tense, nervous, anxious, or can’t sleep at night because their mind is troubled. How stressed are you?

Not at all

A little bit

Somewhat

Quite a bit

Very much

I choose not to answer this question

* 1. Do you feel physically and emotionally safe where you currently live?

Yes

No

Unsure

I choose not to answer this question

* 1. In the past year, have you been afraid of your partner or ex-partner?

Yes

No

Unsure

I have not had a partner in the past year

I choose not to answer this question

* 1. What is your current work situation?

Unemployed

Part-time or temporary work

Full-time work

Otherwise unemployed but not seeking work (ex: student, retired, disabled, unpaid primary care giver) Please write: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I choose not to answer this question

* 1. What is the highest level of school that you have finished?

Less than high school degree

High school diploma or GED

More than high school

I choose not to answer this question

* 1. During the past two weeks, have you been bothered by little interest or pleasure in doing things?

Yes  No

* 1. During the past two weeks, have you been bothered by feeling down, depressed, or hopeless?

Yes  No

* + 1. **Men:** How many times in the past year have you had 5 or more drinks in a day?

\_\_\_\_\_\_\_\_\_\_\_

* + 1. **Women:** How many times in the past year have you had 4 or more drinks in a day?

\_\_\_\_\_\_\_\_\_\_\_

* 1. How many times in the past year have you used a recreational drug or used a prescription medication for non-medical reasons?

\_\_\_\_\_\_\_\_\_\_\_\_