

**PATIENT INFORMATION**

Last Name

First Name

Birth Date

**Please answer the following**
**HOUSING**

1. What is your housing situation today?
  - I do not have housing (I am 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)
  - I have housing today, but I am worried about losing housing in the future
  - I have housing
  
2. Think about the place you live. Do you have problems with any of the following? (check all that apply)
  - Bug infestation
  - Mold
  - Lead paint or pipes
  - Inadequate heat
  - Oven or stove not working
  - No or not working smoke detectors
  - Water leaks
  - None of the above

**FOOD**

3. 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
  
4. 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**

5. In the past 12 months, has 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 getting medications
  - Yes, it has kept me from non-medical meetings, appointments, work, or getting things that I need
  - No

**UTILITIES**

6. 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 No

**PERSONAL SAFETY**

7. How often does anyone, including family, physically hurt you?
  - Never
  - Rarely
  - Sometimes
  - Fairly often
  - Frequently
  
8. How often does anyone, including family, insult or talk down to you?
  - Never
  - Rarely
  - Sometimes
  - Fairly often
  - Frequently
  
9. How often does anyone, including family, threaten you with harm?
  - Never
  - Rarely
  - Sometimes
  - Fairly often
  - Frequently
  
10. How often does anyone, including family, scream or curse at you?
  - Never
  - Rarely
  - Sometimes
  - Fairly often
  - Frequently

**ASSISTANCE**

11. Would you like help with any of these needs?
  - Yes
  - No