

Have you served in the U.S. Armed Forces?

I have not served in the U.S. Armed Forces

I served in the U.S. Armed Forces and use VA (Veteran's Affairs) benefits

I served in the U.S. Armed Forces and do not use VA benefits

I choose not to answer

Current Health Conditions

Are you getting medical treatment for any of the following health conditions? Choose all that apply.

Asthma/COPD

Cancer

Diabetes (sugar diabetes) or too much sugar in your blood

End stage renal disease (kidney failure)

Heart attack or heart problems

Heart failure or enlarged heart

High blood pressure

Mental health condition (anxiety, depression, schizophrenia, bipolar disorder)

Obesity

Stroke

Other

None

Social Needs

In the past 2 months, did you or others you live with eat smaller meals or skip meals because you didn't have money for food?

Yes

No

For help finding community resources in your area, call 211.

Has lack of transportation kept you from medical appointments, meetings, work or from getting things needed for daily living? Choose 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

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.

In the past year, have you been unable to get any of the following when you really needed them? Choose all that apply.

Clothing

Employment

Internet

Medicine or health care

Phone

Social or community engagement (examples: visiting or talking on the phone with friends and family, going to church or club meetings)

Utilities (electric, gas, and water)

None

Are you confident using a computer, tablet or phone for health care visits or finding information?

Yes

No

I don't use a computer, tablet or phone

Prescription Medications**How many different prescription and over-the-counter medications do you take each day?**

0

1 to 7

8 or more

Hospital Stays**In the past year, how many times have you stayed overnight as a patient in the hospital?**

0

1 time

2–3 times

4 or more times

Help at Home

Do you need help with any of the following daily activities? Choose all that apply.

- Bathing
- Eating
- Getting dressed
- Grooming
- Managing finances
- Mobility (moving around)
- Setting up and taking medications
- Transfers (moving from bed to chair)
- Using the restroom
- I do not need help

Based on your response to the previous question, do you have the help you need with daily activities?

- I get all the help I need
- I need more help

Who helps with your daily activities? Choose all that apply.

- Spouse or partner
- Guardian
- Family
- Friend
- Paid caregiver
- Other
- I do not need help

Do you provide care to someone else who needs help?

- Yes
- No

In the past year, have you fallen, felt unsteady or worried about falling?

- Yes
- No

How would you describe your physical pain over the last year?

No pain (0)

Mild pain (1–3)

Moderate pain (4–6)

Severe pain (7–10)

Memory and Mood

Over the last year, have you had daily problems with your thinking or memory?

Yes

No

Over the last two weeks, how often have you been bothered by little interest or pleasure in doing things?

Not at all

Several days

More than half the days

Nearly every day

Over the last two weeks, how often have you been feeling down, depressed or hopeless?

Not at all

Several days

More than half the days

Nearly every day

Other

Do you have personal, spiritual or cultural preferences that may affect your health care choices (examples: diet preferences, gender of your health care provider or medical treatment)?

Yes

No

Has alcohol or drug use made it difficult for you to work, keep relationships or meet goals?

Yes

No

For help quitting alcohol or drugs, call 1-855-780-5955.