Health Leads Survey

Name of Patient :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Person completing form:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to patient:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best Phone number to contact you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best time to call:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  | In the past 2 months, have you **felt overwhelmed with your health** condition, caretaking, or parenting duties? | Yes No |
|  | Taking your medications as prescribed is important for good health. Do you **skip doses or try to “stretch out” your medications** due to concerns about the cost?  | Yes No |
|  | In the last 12 months have you needed to see a doctor but **could not because of cost?** | Yes No |
|  | Proper nutrition is vital to good health. Are you **eating less than you feel you should** because there wasn't enough money for food? | Yes No |
|  | Physical activity is a crucial part of health. Do you have concerns about mobility or safety in your home? | Yes No |
|  | Getting to medical appointments is important! Do you skip healthcare appointments because you **don't** **have a way to get there**? | Yes No |
|  | It’s hard to stay healthy if you can’t stay warm! Are you having trouble paying your heat or electric bill? | Yes No |
|  | Are you worried that in the next 2 months, **you may not have stable housing?**  | Yes No |
|  | If you checked yes to any boxes above, **would you like to receive assistance** with any of these needs? | Yes No |
|  | **Are any of your needs urgent?**For example: I don't have food tonight, I don't have a place to sleep tonight? | Yes No |