**Patient Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Patient DOB** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please color in the circle, corresponding to each answer, COMPLETELY**

**Food Insecurity**

* In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?

O Yes O No

**Housing Instability**

* Are you worried or concerned that, in the next 2 months, you may not have stable housing? O Yes O No

**Utility Needs**

* In the past year, has the utility company shut off your service because you were unable to pay the bills?

O Yes O No

**Financial Resource Strain**

* In the last 12 months, was there a time when you needed to see a doctor but could not because of cost?

O Yes O No

* In the last 12 months, was there a time when you went without necessary medication because of cost?

O Yes O No

**Transportation**

* In the last 6 months, have you ever had to go without healthcare because you didn't have a way to get there?

O Yes O No

**Exposure to Violence**

* Do you feel safe in your home? O Yes O No

**Childcare**

* Do problems getting childcare make it difficult for you to work or study? O Yes O No O Not Applicable

**Education**

* How often do you have a problem understanding what is told to you about your medical condition?

O Always O Often O Sometimes O Occasionally O Never

**Employment**

* What was your main activity during most of the last 12 months?

O Worked for pay O Attended school O Household duties O Permanently unable to work O Other

**Assessment**

* Are there any needs (these or others) for which you would like assistance? O Yes O No
* Are any of your needs urgent (e.g., I don't have food tonight or I don't have a place to sleep tonight)? O Yes O No