## **Health Needs Assessment**

Please answer all the questions. Use a different form for each adult.



First Name				Last Name			
Date of Birth				Member ID #			
Preferred Mailing Add	ress						
Preferred Phone Num	ber			Preferred Email			
Race				Ethnicity	Preferred Language		
□ Asian	□ American	Indian/Alaska I	Vative	Hispanic or Latino	□ English		
□ White	Black/African American			Not Hispanic or Latino	□ Spanish		
Unknown	Native Hawaiian/Pacific Islander			Unknown	□ Other		
□ Decline to answer	□ Other			Decline to answer			
				Other			
What is your gender i	dentitv?						
$\Box$ Female $\Box$ Male	-	ary (Don't identi	fy as eithe	r) 🗆 Transgender 🗆 Unl	known		
				, .			
Are you pregnant?	□ Yes	□ No	□ Decline	to answer 🛛 Unknown			
What is the highest le	vel of educati	on vou have c	ompleted	?			
—		-	-		iploma,   Some college credit,		
•	to 8th grade		oma				
•	•			e 🗆 Bachelor's Degree			
Doctorate Degree of			•				
	- 1						
Do you find it hard to	understand v	hat your doct	or tells yo	u about your health?			
□ Yes	□ No		ecline to ar	nswer			
If yes, please explain: _							
Do you need help?	□ Yes	□ No	□ Decline	to answer			
-		-		torney for Health Care?			
□ Yes	□ No		ecline to ar				
If yes, please explain: _							
Do you need help con	pleting a Liv	ing Will or Pov	ver of Atto	rney for Health Care?			
			ecline to ar				
If yes, please explain: _							

## GLOBAL HEALTH AND SAFETY

In general, how would you rate your health:         □ Excellent       □ Very Good       □ Good       □ Fair       □ Poor       □ Unknown       □ Decline to answer         If poor, please explain:
Do you have any concerns with your overall health or wellbeing?         Yes       No         Decline to answer         If yes, please explain:
Do you need any help for your overall health and wellbeing?         Yes       No         Decline to answer         If yes, please explain:
What do you do to take care of yourself?
What do you see as your strengths?
Do you have any concerns with your hearing or speech?         Yes       No         Decline to answer         If yes, please explain:
Do you need help with your hearing or speech?  Yes  No  Decline help
If yes, please explain:
Do you have a doctor or health care provider?         □ Yes       What is your provider's name?         □ No       Would you like help finding a provider?         □ Yes       □ No
Do you see a specialist?         Yes       What is your specialist's name?
Do you see a mental health provider?         Yes       What is your provider's name?         No       Unknown         Decline to answer
Do you use an urgent care facility or hospital for regular care?         Yes       What are the facilities' names?         No       Unknown         Decline to answer

Have you been to the emergency room in the last year?
If yes, how many times? $\Box$ One $\Box$ Two $\Box$ Three $\Box$ More than three
What were the reasons(s) for your emergency visit?
Have you stayed overnight in the hospital in the last year?
If yes, how many times?
What were the reasons(s) for your overnight hospital stay?
How many medicines are you currently taking that were prescribed by your doctor or over the counter?
$\Box$ None $\Box$ 1-3 prescriptions $\Box$ 4-7 prescriptions $\Box$ 8 or more prescriptions $\Box$ Unknown $\Box$ Decline to answer
Does anything prevent you from taking your medicines the way your doctor or health care provider wants you to? □ Yes □ No □ Decline to answer
If yes, what prevents you from taking your medicine?
<b>Do you ever forget to take your medicine?</b> Yes No Sometimes Unknown Decline to answer
Do you need help with your medications?         Yes       No         Decline to answer         If yes, please explain:
When was the last time you saw a dentist? □ In last 6 months □ In last 12 months □ More than 12 months □ Never □ Unknown □ Decline to answer
Do you need help with dental care? □ Yes □ No □ Decline to answer
What is your height?         feet inches         What is your weight?         pounds
What is your current or most recent blood pressure?
Do you participate in regular physical activity? □ Yes □ No □ I am unable to exercise due to medical conditions □ Unknown □ Decline to answer
Do you participate in regular physical activity?
<b>Do you participate in regular physical activity?</b> □ Yes □ No □ I am unable to exercise due to medical conditions □ Unknown □ Decline to answer
Do you participate in regular physical activity?   Yes   No   I am unable to exercise due to medical conditions   Do you need help with physical activity?   Yes   No   Decline to answer   SOCIAL CONCERNS Please describe your housing situation.
Do you participate in regular physical activity?   Yes   No   I am unable to exercise due to medical conditions   Do you need help with physical activity?   Yes   No   Decline to answer   Social Concerns    Please describe your housing situation.      Own home   Live with family   Rent   Temporary   Group home   Homeless/shelter
Do you participate in regular physical activity?   Yes   Yes   No   I am unable to exercise due to medical conditions   Unknown   Decline to answer   Do you need help with physical activity?   Yes   No   Decline to answer   SOCIAL CONCERNS   Please describe your housing situation.   Own home   Live with family   Rent   Temporary   Group home   Homeless/shelter   Do you need help with housing?
Do you participate in regular physical activity?   Yes   No   I am unable to exercise due to medical conditions   Do you need help with physical activity?   Yes   No   Decline to answer   Social Concerns    Please describe your housing situation.      Own home   Live with family   Rent   Temporary   Group home   Homeless/shelter
Do you participate in regular physical activity?   Yes   Yes   No   I am unable to exercise due to medical conditions   Unknown   Decline to answer   Do you need help with physical activity?   Yes   No   Decline to answer   SOCIAL CONCERNS   Please describe your housing situation.   Own home   Live with family   Rent   Temporary   Group home   Homeless/shelter   Do you need help with housing?

If no, do you need a caregiver? □ Yes □ No □ Decline help If yes, are they adequately supporting your health care needs? □ Yes □ No □ Decline to answer	Do you need help with person	nal safety? □	]Yes □No	□ Decline hel	р	
Are you having any concerns with the following Social Determinants of Health?         • Employment       Yes       No       Decline to answer       Decline help         No, but I'm interested in a volunteer or paid job.       Are you interested in information/resources for training or preparation for entering the workforce?       Yes       No         • Transportation       Yes       No       Decline to answer       Decline help         • Legal issues       Yes       No       Decline to answer       Decline help         • Utilities       Yes       No       Decline to answer       Decline help         • Utilities       Yes       No       Decline to answer       Decline help         • Overnight care       Yes       No       Decline to answer       Decline help         • Overnight care       Yes       No       Decline to answer       Decline help         • Overnight care       Yes       No       Decline to answer       Decline help         • Medical care/medicine/ medical supplies       Yes       No       Decline to answer       Decline help         • Vision       Yes       No       Decline to answer       Decline help         • Vision       Yes       No       Decline to answer       Decline help         • public benefits       Y	Do you usually have enoug	h food in your	household?	∃Yes □No	□ Decline t	to answer
Employment Yes No Decline to answer Decline help     No, but I'm interested in a volunteer or paid job. I'm interested in a volunteer or paid job.     Are you interested in information/resources for training or preparation for entering the workforc? Yes No     Transportation Yes No Decline to answer Decline help     Legal issues Yes No Decline to answer Decline help     Money management Yes No Decline to answer Decline help     Outilites Yes No Decline to answer Decline help     Childcare Yes No Decline to answer Decline help     Overnight care Yes No Decline to answer Decline help     Overnight care Yes No Decline to answer Decline help     Overnight care Yes No Decline to answer Decline help     Medical care/medicine/     medical supplies No Decline to answer Decline help     Vision Yes No Decline to answer Decline help     Vision Yes No Decline to answer Decline help     fyou said yes to any of the above the questions, what are your concerns?  Do you need help with independent ADLs, Yes No Decline to answer Decline help     fyou said yes to any of the above the questions, what are your concerns?  Do you need a caregiver? Yes No Decline help     fyes, are they adequately supporting your health care needs? Yes No Decline to answer     Agency caregiver's name Phone number      Phone number      Phone number      Phone number	f no, what problems are you	having related to	o food?			
Employment   Yes   No   Decline to answer   Decline help   No, but I'm interested in a volunteer or paid job.   I'm interested in a volunteer or paid job. Are you interested in information/resources for training or preparation for entering the workfore?   Yes   No   Decline to answer   Decline help   Legal issues   Yes   No   Decline to answer   Decline help   Money management   Yes   No   Decline to answer   Decline help   Utilities   Yes   No   Decline to answer   Decline help   Utilities   Yes   No   Decline to answer   Decline help   Overnight care   Yes   No   Decline to answer   Decline help   Overnight care   Yes   No   Decline to answer   Decline help   Overnight care   Yes   No   Decline to answer   Decline help   Phone   Yes   No   Decline to answer   Decline help   Public benefits   Yes   No   Decline to answer   Decline help   Public benefits   Yes   No   Decline to answer   Decline help   fyou said yes to any of the above the questions, what are your concerns?  Do you nead help with independent ADLs,   Yes   No   Decline to answer   Decline help   fyou said yes to any of the above the questions, what are your concerns?  Do you nead help with independent ADLs,   Yes   No   Decline to answer   Decline to						
No. but I'm interested in a volunteer or paid job.   I No, but I'm interested in information/resources for training or preparation for entering the workforce? Yes No   Transportation Yes No Decline to answer Decline help   Legal issues Yes No Decline to answer Decline help   Woney management Yes No Decline to answer Decline help   Utilities Yes No Decline to answer Decline help   Childcare Yes No Decline to answer Decline help   Covernight care Yes No Decline to answer Decline help   Phone Yes No Decline to answer Decline help   Medical care/medicine/ medical supplies Yes No Decline to answer   Public benefits Yes No Decline to answer Decline help   Public benefits Yes No Decline to answer Decline help   If you said yes to any of the above the questions, what are your concerns? No Decline help   Do you need help with independent ADLs, such as making meals, housework? Yes No   Do you need a caregiver? Yes No Decline help   f no, do you need a caregiver? Yes No Decline to answer <			-			Decline help
Are you interested in information/resources for training or preparation for entering the workforce?       Yes       No         • Transportation       Yes       No       Decline to answer       Decline help         • Money management       Yes       No       Decline to answer       Decline help         • Utilities       Yes       No       Decline to answer       Decline help         • Utilities       Yes       No       Decline to answer       Decline help         • Childcare       Yes       No       Decline to answer       Decline help         • Childcare       Yes       No       Decline to answer       Decline help         • Overnight care       Yes       No       Decline to answer       Decline help         • Phone       Yes       No       Decline to answer       Decline help         • Phone       Yes       No       Decline to answer       Decline help         • Medical care/medicine/ medical supplies       Yes       No       Decline to answer       Decline help         • Vision       Yes       No       Decline to answer       Decline help         • Public benefits       Yes       No       Decline to answer       Decline help         f you said yes to any of the above the questions, what are your concerns?<						1
• Transportation Yes No Decline to answer Decline help   • Legal issues Yes No Decline to answer Decline help   • Money management Yes No Decline to answer Decline help   • Utilities Yes No Decline to answer Decline help   • Utilities Yes No Decline to answer Decline help   • Childcare Yes No Decline to answer Decline help   • Overnight care Yes No Decline to answer Decline help   • Overnight care Yes No Decline to answer Decline help   • Overnight care Yes No Decline to answer Decline help   • Overnight care Yes No Decline to answer Decline help   • Overnight care Yes No Decline to answer Decline help   • Phone Yes No Decline to answer Decline help   • Medical care/medicine/ medical supplies Yes No Decline to answer   • Vision Yes No Decline to answer Decline help   • Vision Yes No Decline to answer Decline help   • Vision Yes No Decline to answer Decline help   • Vision Yes No Decline to answer Decline help   • You said yes to any of the above the questions, what are your concerns? Do you have any concerns with activities of daily living (ADLs)? Yes   • You said yes to						
Legal issues   Yes   No   Decline to answer   Decline help Money management   Yes   No   Decline to answer   Decline help Utilities   Yes   No   Decline to answer   Decline help Childcare   Yes   No   Decline to answer   Decline help Shopping   Yes   No   Decline to answer   Decline help Overnight care   Yes   No   Decline to answer   Decline help Overnight care   Yes   No   Decline to answer   Decline help Phone   Yes   No   Decline to answer   Decline help Wedical care/medicine/ Yes   No   Decline to answer   Decline help Wedical care/medicine/ Yes   No   Decline to answer   Decline help Wedical care/medicine/ Yes   No   Decline to answer   Decline help Vision   Yes   No   Decline to answer   Decline help Vision   Yes   No   Decline to answer   Decline help Public benefits   Yes   No   Decline to answer   Decline help Public benefits   Yes   No   Decline to answer   Decline help Public benefits   Yes   No   Decline to answer   Decline help fyou said yes to any of the above the questions, what are your concerns? Do you have any concerns with activities of daily living (ADLs)?   Yes   No   Decline to answer Do you need help with independent ADLs,   Yes   No   Decline help for you have a primary caregiver who helps you on a regular basis?   Yes   No   Decline to answer for you have a primary caregiver who helps you on a regular basis?   Yes   No   Decline to answer hone number   Phone number   Phone number   Decline to answer Agency caregiver's name   Phone number   Phone   Phon			•		•	
• Utilities   Yes   No   Decline to answer   Decline help • Childcare   Yes   No   Decline to answer   Decline help • Shopping   Yes   No   Decline to answer   Decline help • Overnight care   Yes   No   Decline to answer   Decline help • Overnight care   Yes   No   Decline to answer   Decline help • Overnight care   Yes   No   Decline to answer   Decline help • Medical care/medicine/ medical supplies • Vision   Yes   No   Decline to answer   Decline help • Vision   Yes   No   Decline to answer   Decline help • Volic benefits   Yes   No   Decline to answer   Decline help • Dublic benefits   Yes   No   Decline to answer   Decline help • Dublic benefits   Yes   No   Decline to answer   Decline help • Dublic benefits   Yes   No   Decline to answer   Decline help • Jubic benefits   Yes   No   Decline to answer   Decline help • Dublic benefits   Yes   No   Decline to answer   Decline help • fyous said yes to any of the above the questions, what are your concerns? • Do you have any concerns with activities of daily living (ADLs)?   Yes   No   Decline to answer • Decline to answer? • Do you have a primary caregiver who helps you on a regular basis?   Yes   No   Decline to answer fno, do you need a caregiver?   Yes   No   Decline help fyes, are they adequately supporting your health care needs?   Yes   No   Decline to answer • Mone number		□ Yes	🗆 No	□ Decline	to answer	
• Childcare   Yes   No   Decline to answer   Decline help • Shopping   Yes   No   Decline to answer   Decline help • Overnight care   Yes   No   Decline to answer   Decline help • Overnight care   Yes   No   Decline to answer   Decline help • Phone   Yes   No   Decline to answer   Decline help • Medical care/medicine/ • Medical care/medicine/ • Yes   No   Decline to answer   Decline help • Vision   Yes   No   Decline to answer   Decline help • Vision   Yes   No   Decline to answer   Decline help • Vision   Yes   No   Decline to answer   Decline help • Public benefits   Yes   No   Decline to answer   Decline help • Debt/loan repayment   Yes   No   Decline to answer   Decline help • Journal of the above the questions, what are your concerns? • Or you have any concerns with activities of daily living (ADLs)?   Yes   No   Decline to answer • Decline to answer   Decline help • fyou said yes to any of the above the questions, what are your concerns? • Do you have any concerns with activities of daily living (ADLs)?   Yes   No   Decline to answer • Do you need help with independent ADLs,   Yes   No   Decline help • fyous and a caregiver?   Yes   No   Decline help • fyes, are they adequately supporting your health care needs?   Yes   No   Decline to answer • Mo is your caregiver?   Agency   Family   Friend   Other   Decline to answer • Agency caregiver's name Phone number	Money management	□ Yes	□ No	□ Decline	to answer	□ Decline help
Shopping   Yes   No   Decline to answer   Decline help Overnight care   Yes   No   Decline to answer   Decline help Phone   Yes   No   Decline to answer   Decline help Medical care/medicine/ medical supplies   Yes   No   Decline to answer   Decline help Vision   Yes   No   Decline to answer   Decline help Public benefits   Yes   No   Decline to answer   Decline help Public benefits   Yes   No   Decline to answer   Decline help Public benefits   Yes   No   Decline to answer   Decline help Public benefits   Yes   No   Decline to answer   Decline help Public benefits   Yes   No   Decline to answer   Decline help I public benefits   Yes   No   Decline to answer   Decline help f you said yes to any of the above the questions, what are your concerns? Do you have any concerns with activities of daily living (ADLs)?   Yes   No   Decline to answer Do you need help with independent ADLs,   Yes   No   Decline help Such as making meals, housework? Do you need a caregiver?   Yes   No   Decline help f yes, are they adequately supporting your health care needs?   Yes   No   Decline to answer Mo is your caregiver?   Agency   Family   Friend   Other   Decline to answer Agency caregiver's name Phone number	Utilities	$\Box$ Yes	□ No	□ Decline	to answer	Decline help
• Overnight care Yes No Decline to answer Decline help   • Phone Yes No Decline to answer Decline help   • Medical care/medicine/ medical supplies Yes No Decline to answer Decline help   • Vision Yes No Decline to answer Decline help   • Vision Yes No Decline to answer Decline help   • Vision Yes No Decline to answer Decline help   • Public benefits Yes No Decline to answer Decline help   • Debt/loan repayment Yes No Decline to answer Decline help   f you said yes to any of the above the questions, what are your concerns? Pes No Decline help   Do you have any concerns with activities of daily living (ADLs)? Yes No Decline to answer   Do you need help with independent ADLs, such as making meals, housework? Yes No Decline help   Do you need a caregiver? Yes No Decline help Decline to answer   f no, do you need a caregiver? Yes No Decline help   f yes, are they adequately supporting your health care needs? Yes No Decline to answer   Mo is your caregiver? Agency Family Friend Other Decline to answer   Agency caregiver's name Phone number Phone number Friend caregiver's name Phone number						1
• Phone   • Phone Yes No Decline to answer Decline help   • Medical care/medicine/ medical supplies Yes No Decline to answer Decline help   • Vision Yes No Decline to answer Decline help   • Public benefits Yes No Decline to answer Decline help   • Debt/loan repayment Yes No Decline to answer Decline help   • Debt/loan repayment Yes No Decline to answer Decline help   f you said yes to any of the above the questions, what are your concerns? <b>Do you have any concerns with activities of daily living (ADLs)?</b> • Yes No Decline help <b>bo you need help with independent ADLs,</b> Yes No   • Do you have a primary caregiver who helps you on a regular basis? Yes No   • Do you need a caregiver? Yes No Decline to answer   f no, do you need a caregiver? Yes No Decline to answer   Mo is your caregiver? Agency Family Friend Other   • Phone number Phone number   • Friend caregiver's name Phone number			-			
Medical care/medicine/ medical supplies Yes No Decline to answer Decline help Vision Yes No Decline to answer Decline help Public benefits Yes No Decline to answer Decline help Debt/loan repayment Yes No Decline to answer Decline help Debt/loan repayment Yes No Decline to answer Decline help Debt/loan repayment Yes No Decline to answer Decline help fyou said yes to any of the above the questions, what are your concerns? Do you have any concerns with activities of daily living (ADLs)? Yes No Decline to answer Do you need help with independent ADLs, Yes No Decline help Such as making meals, housework? Do you have a primary caregiver who helps you on a regular basis? Yes No Decline to answer f ves, are they adequately supporting your health care needs? Yes No Decline to answer Agency caregiver's name Phone number Family Friend Other Phone number —————————— Phone number ————————— Phone number —————————— Phone number ————————— Phone number ————————— —————— Phone number ————————— —————— Phone number ————————— —————— Phone number ————————— ———————— Phone number —————————— —————————— Phone number ——————————— ———————— Phone number —————————— ————————— Phone number ————————————— ————————— Phone number ————————————————— ————————— Phone number ———————————————— ———————————— Phone number —————————————————— ———————————————— Phone number ——————————————— ——————————	0					I
medical supplies       Yes       No       Decline to answer       Decline help         • Vision       Yes       No       Decline to answer       Decline help         • Public benefits       Yes       No       Decline to answer       Decline help         • Debt/loan repayment       Yes       No       Decline to answer       Decline help         • Debt/loan repayment       Yes       No       Decline to answer       Decline help         f you said yes to any of the above the questions, what are your concerns?		⊥ Yes	LI NO		to answer	
• Vision   Yes   No   Decline to answer   Decline help • Public benefits   Yes   No   Decline to answer   Decline help • Debt/loan repayment   Yes   No   Decline to answer   Decline help f you said yes to any of the above the questions, what are your concerns? Do you have any concerns with activities of daily living (ADLs)?   Yes   No   Decline to answer Do you need help with independent ADLs,   Yes   No   Decline help Such as making meals, housework? Do you have a primary caregiver who helps you on a regular basis?   Yes   No   Decline to answer f yes, are they adequately supporting your health care needs?   Yes   No   Decline to answer Mo is your caregiver?   Agency   Family   Friend   Other   Decline to answer Agency caregiver's name Phone number Friend caregiver's name Phone number		$\Box$ Yes	□ No	□ Decline	to answer	□ Decline help
• Debt/loan repayment  Yes  No  Decline to answer  Decline help f you said yes to any of the above the questions, what are your concerns? Do you have any concerns with activities of daily living (ADLs)? Yes  No  Decline to answer Do you need help with independent ADLs,  Yes  No  Decline help Such as making meals, housework? Do you have a primary caregiver who helps you on a regular basis? Yes  No  Decline to answer f no, do you need a caregiver? Yes  No  Decline help f yes, are they adequately supporting your health care needs? Yes  No  Decline to answer Mo is your caregiver? Agency Family Friend Other Decline to answer Agency caregiver's name Phone number Friend caregiver's name Phone number		□ Yes	□ No	□ Decline	to answer	□ Decline help
If you said yes to any of the above the questions, what are your concerns?	Public benefits	$\Box$ Yes	□ No	□ Decline	to answer	□ Decline help
Do you have any concerns with activities of daily living (ADLs)?       Yes       No       Decline to answer         Do you need help with independent ADLs,       Yes       No       Decline help         Such as making meals, housework?       No       Decline help         Do you have a primary caregiver who helps you on a regular basis?       Yes       No       Decline to answer         f no, do you need a caregiver?       Yes       No       Decline help         f yes, are they adequately supporting your health care needs?       Yes       No       Decline to answer         Who is your caregiver?       Agency       Family       Friend       Other       Decline to answer         Agency caregiver's name        Phone number	Debt/loan repayment	□ Yes	🗆 No	Decline	to answer	Decline help
Do you need help with independent ADLs, such as making meals, housework?       Yes       No       Decline help         Do you have a primary caregiver who helps you on a regular basis?       Yes       No       Decline to answer         Do you need a caregiver?       Yes       No       Decline help         f no, do you need a caregiver?       Yes       No       Decline help         f yes, are they adequately supporting your health care needs?       Yes       No       Decline to answer         Who is your caregiver?       Agency       Family       Friend       Other       Decline to answer         Agency caregiver's name						
Do you need help with independent ADLs, such as making meals, housework?       Yes       No       Decline help         Do you have a primary caregiver who helps you on a regular basis?       Yes       No       Decline to answer         Do you need a caregiver?       Yes       No       Decline help         f no, do you need a caregiver?       Yes       No       Decline help         f yes, are they adequately supporting your health care needs?       Yes       No       Decline to answer         Who is your caregiver?       Agency       Family       Friend       Other       Decline to answer         Agency caregiver's name						
Do you need help with independent ADLs, such as making meals, housework?       Yes       No       Decline help         Do you have a primary caregiver who helps you on a regular basis?       Yes       No       Decline to answer         Do you need a caregiver?       Yes       No       Decline help         f no, do you need a caregiver?       Yes       No       Decline help         f yes, are they adequately supporting your health care needs?       Yes       No       Decline to answer         Who is your caregiver?       Agency       Family       Friend       Other       Decline to answer         Agency caregiver's name	Do you have any concerns	with activities	of daily living (/	ADIs)? 🗆		lo 🗆 Decline to answe
Such as making meals, housework?         Do you have a primary caregiver who helps you on a regular basis?       Yes       No       Decline to answer         f no, do you need a caregiver?       Yes       No       Decline help         f yes, are they adequately supporting your health care needs?       Yes       No       Decline to answer         Who is your caregiver?       Agency       Family       Friend       Other       Decline to answer         Agency caregiver's name	,		·····j·····j(	,· L		
f no, do you need a caregiver?  Yes No Decline help f yes, are they adequately supporting your health care needs? Nho is your caregiver? Agency caregiver's name Family caregiver's name Friend caregiver's name	,	•		s 🗆 No	□ Decline h	elp
f yes, are they adequately supporting your health care needs?  Yes    Who is your caregiver?  Agency    Family  Friend    Agency caregiver's name  Phone number     Family caregiver's name  Phone number     Friend caregiver's name  Phone number	Do you have a primary care	egiver who help	os you on a reg	ular basis? 🛛	Yes 🗆 N	No □ Decline to answe
Who is your caregiver?       Agency       Family       Friend       Other       Decline to answer         Agency caregiver's name       Phone number       Phone number	f no, do you need a caregive	r? □Yes		□ Decline help		
Agency caregiver's name       Phone number         Family caregiver's name       Phone number         Friend caregiver's name       Phone number	f yes, are they adequately su	pporting your he	ealth care needs	;? □Y	′es □ No	□ Decline to answer
Family caregiver's name Phone number  Friend caregiver's name Phone number	Who is your caregiver?	☐ Agency	□ Family	□ Friend	□ Other	□ Decline to answer
Friend caregiver's name Phone number	Agency caregiver's name _			Phor	ne number	
Friend caregiver's name Phone number	amily caregiver's name			Phor	ne number	
	nenu caregiver s name _			FII0I		

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## PHYSICAL HEALTH

□ Back pain and musculoskeletal disorders □ Overweight/obesity □ Substance use or abuse □ HIV □ Learning Disability □ Sickle Cell Disease	
□ HIV □ Learning Disability □ Sickle Cell Disease	
□ Depression □ Bipolar □ Schizophrenia □ Anxiety	
Do you need help with any of these conditions?	
If yes, please explain:	
Do you have any other conditions not listed above?	
Have you recently or you currently experiencing any of the following?   Shortness of breath  Chest pain	
□ High blood pressure □ Rapid weight loss or gain □ Fainting □ Thoughts of harming yourself	
If experiencing any of the above symptoms, are they new or getting worse?  Yes Decline to answer	ver
If yes, is your doctor/provider aware?   Yes  No  Decline to answer	
If yes, is your doctor/provider aware?  Yes No Decline to answer If no, do you need help contacting your doctor/provider?  Yes No Decline help	
If no, do you need help contacting your doctor/provider?  Yes  No  Decline help	
If no, do you need help contacting your doctor/provider?  Yes No Decline help BEHAVIORAL HEALTH During the past month, have you often been bothered by feeling down, depressed, or hopeless?	
If no, do you need help contacting your doctor/provider?  Yes No Decline help BEHAVIORAL HEALTH	
If no, do you need help contacting your doctor/provider?  Yes No Decline help  BEHAVIORAL HEALTH  During the past month, have you often been bothered by feeling down, depressed, or hopeless? Yes No Decline to answer Decline help  During the past month, have you often been bothered by little interest or pleasure in doing things?	
If no, do you need help contacting your doctor/provider?  Yes No Decline help  BEHAVIORAL HEALTH  During the past month, have you often been bothered by feeling down, depressed, or hopeless? Yes No Decline to answer Decline help	
If no, do you need help contacting your doctor/provider?  Yes No Decline help  BEHAVIORAL HEALTH  During the past month, have you often been bothered by feeling down, depressed, or hopeless? Yes No Decline to answer Decline help  During the past month, have you often been bothered by little interest or pleasure in doing things?	
If no, do you need help contacting your doctor/provider? Yes No Decline help     BEHAVIORAL HEALTH     During the past month, have you often been bothered by feeling down, depressed, or hopeless?   Yes No Decline to answer   During the past month, have you often been bothered by little interest or pleasure in doing things?   Yes No   Decline to answer   Yes No   Decline to answer    On average, how many alcoholic beverages do you drink weekly?	
If no, do you need help contacting your doctor/provider? Yes No Decline help     BEHAVIORAL HEALTH     During the past month, have you often been bothered by feeling down, depressed, or hopeless?   Yes No Decline to answer   During the past month, have you often been bothered by little interest or pleasure in doing things?   Yes No   Decline to answer    Decline help   On average, how many alcoholic beverages do you drink weekly?    None 1-5	
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If no, do you need help contacting your doctor/provider? Yes No Decline help     BEHAVIORAL HEALTH     During the past month, have you often been bothered by feeling down, depressed, or hopeless?   Yes No Decline to answer   During the past month, have you often been bothered by little interest or pleasure in doing things?    Yes No Decline to answer   Decline help  On average, how many alcoholic beverages do you drink weekly?    None 1-5 5 or more   If 1 or more, any interest in reducing intake or quitting? Yes   No Decline to answer	

Please check to make sure you answered all the questions. Thank you for your time.