

CONNECTICUT SOCIAL HEALTH INITIATIVE ASSESSMENT TOOL

This form asks you if you need help with things like food, heat, or housing.

Patient Name: _____ Address: _____ _____	Today's Date: _____ Telephone Number: _____ Best Time to Call: _____
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<p>ABOUT YOU</p> <p>1. What language are you most comfortable speaking?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td>English</td></tr> <tr><td><input type="checkbox"/></td><td>Other than English (please write):</td></tr> <tr><td><input type="checkbox"/></td><td>I do not want to answer.</td></tr> </table> <p>2. Which race(s) are you? (Check all that apply)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td>Asian</td><td><input type="checkbox"/></td><td>Native Hawaiian</td></tr> <tr><td><input type="checkbox"/></td><td>Pacific Islander</td><td><input type="checkbox"/></td><td>Black/African American</td></tr> <tr><td><input type="checkbox"/></td><td>White</td><td><input type="checkbox"/></td><td>American Indian/Alaskan Native</td></tr> <tr><td><input type="checkbox"/></td><td colspan="3">Other (please write):</td></tr> <tr><td><input type="checkbox"/></td><td colspan="3">I do not want to answer.</td></tr> </table> <p>3. Are you Hispanic or Latino?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/></td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> <td>I do not want to answer.</td> </tr> </table> <p>HOUSING</p> <p>4. Do you have a place to live today?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td>I have a place to live. (please write where)</td></tr> <tr><td><input type="checkbox"/></td><td>I am worried about a place to live.</td></tr> <tr><td><input type="checkbox"/></td><td>I do not have a place to live.</td></tr> <tr><td><input type="checkbox"/></td><td>I do not want to answer.</td></tr> </table> <p>SCHOOL</p> <p>5. How long did you go to school?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td>I did not finish high school.</td></tr> <tr><td><input type="checkbox"/></td><td>I finished high school or have a GED.</td></tr> <tr><td><input type="checkbox"/></td><td>I finished more than high school.</td></tr> <tr><td><input type="checkbox"/></td><td>I do not want to answer.</td></tr> </table>	<input type="checkbox"/>	English	<input type="checkbox"/>	Other than English (please write):	<input type="checkbox"/>	I do not want to answer.	<input type="checkbox"/>	Asian	<input type="checkbox"/>	Native Hawaiian	<input type="checkbox"/>	Pacific Islander	<input type="checkbox"/>	Black/African American	<input type="checkbox"/>	White	<input type="checkbox"/>	American Indian/Alaskan Native	<input type="checkbox"/>	Other (please write):			<input type="checkbox"/>	I do not want to answer.			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	I do not want to answer.	<input type="checkbox"/>	I have a place to live. (please write where)	<input type="checkbox"/>	I am worried about a place to live.	<input type="checkbox"/>	I do not have a place to live.	<input type="checkbox"/>	I do not want to answer.	<input type="checkbox"/>	I did not finish high school.	<input type="checkbox"/>	I finished high school or have a GED.	<input type="checkbox"/>	I finished more than high school.	<input type="checkbox"/>	I do not want to answer.	<p>WORK AND RESOURCES</p> <p>6. What do you do for work?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/></td> <td>Not working</td> <td><input type="checkbox"/></td> <td>Part-time or temporary work</td> <td><input type="checkbox"/></td> <td>Full-time work</td> </tr> <tr><td><input type="checkbox"/></td><td colspan="5">Not enough work or too little pay. Other (please write):</td></tr> <tr><td><input type="checkbox"/></td><td colspan="5">Not looking for work. (why, please write):</td></tr> <tr><td><input type="checkbox"/></td><td colspan="5">I do not want to answer.</td></tr> </table> <p>7. In the past year, what did you or your family go without? (Check all that apply)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/></td> <td>Food</td> <td><input type="checkbox"/></td> <td>Heat/Lights/Water</td> </tr> <tr><td><input type="checkbox"/></td><td colspan="3">Medication(s)</td></tr> <tr><td><input type="checkbox"/></td><td colspan="3">Health Care (like Medical, Dental, Vision)</td></tr> <tr><td><input type="checkbox"/></td><td colspan="3">Other (please write):</td></tr> <tr><td><input type="checkbox"/></td><td colspan="3">I do not want to answer.</td></tr> </table> <p>8. Has lack of transportation stopped you from getting to the doctor, to work, or getting things you need every day? (Check all that apply)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td>Yes (please write)</td></tr> <tr><td><input type="checkbox"/></td><td>No</td></tr> <tr><td><input type="checkbox"/></td><td>I do not want to answer.</td></tr> </table> <p>9. How often do you talk to your friends or family, either in person or on the phone?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/></td> <td>Less than once a week</td> <td><input type="checkbox"/></td> <td>1 or 2 times a week</td> </tr> <tr> <td><input type="checkbox"/></td> <td>3 to 5 times a week</td> <td><input type="checkbox"/></td> <td>5 or more times a week</td> </tr> <tr><td><input type="checkbox"/></td><td colspan="3">I do not want to answer.</td></tr> </table> <p>10. Would you like to get any help with anything we talked about?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td>Yes</td></tr> <tr><td><input type="checkbox"/></td><td>No</td></tr> <tr><td><input type="checkbox"/></td><td>I do not want to answer.</td></tr> </table>	<input type="checkbox"/>	Not working	<input type="checkbox"/>	Part-time or temporary work	<input type="checkbox"/>	Full-time work	<input type="checkbox"/>	Not enough work or too little pay. Other (please write):					<input type="checkbox"/>	Not looking for work. 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Note to hospitals and providers: Obtain and document patient permission before contacting community agencies on patients' behalf.