CONNECTICUT HOSPITAL ASSOCIATION

Patient Needs Assessment

This form asks about food, housing, and transportation to provide help through community resources if wanted.

Food

1. Within the past 12 months, you worried that your food would run out before you got money to buy more.
___*Often true*
___*Sometimes true*
___*Never true*

2. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.
___*Often true*
___*Sometimes true*
___*Never true*

Housing

3. 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)*

4. Think about the place you live. Do you have problems with any of the following?
Choose all that apply:
___*Pests such as bugs, ants, or mice*
___*Mold*
___*Lead paint or pipes*
___*Oven or stove not working*
___*Smoke detectors missing or not working*
___*Water leaks*
___*None of the above*

Transportation

5. In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work, or from getting to things needed for daily living?
___*Yes*
___*No*

Note to hospitals and providers: Obtain and document patient permission before contacting community agencies on patients' behalf.