

Name: _____

Date of Birth: _____

How hard is it for you to pay for the very basics like food, housing, heating, medical care, and medications?

Not hard at all Somewhat hard Very hard I choose not to answer/declined

Food	Yes	No	I choose not to answer/declined
Utilities	Yes	No	I choose not to answer/declined
Transportation	Yes	No	I choose not to answer/declined
Medicine or Medical Care	Yes	No	I choose not to answer/declined
Health Insurance	Yes	No	I choose not to answer/declined
Clothing	Yes	No	I choose not to answer/declined
Rent/Mortgage Payment	Yes	No	I choose not to answer/declined
Child Care	Yes	No	I choose not to answer/declined
Phone	Yes	No	I choose not to answer/declined

In the past 12 months have you worried that your food would run out before you got money to get more?

Never Rarely Sometimes Often Always Declined

In the past 12 months, the food you bought just didn't last and you didn't have money to buy more?

Never Rarely Sometimes Often Always Declined

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.)

I choose not to answer/declined

Think about the place where you live. Do you have problems with any of the following?

Pests – such as bugs, rodents Mold Lead Paint or pipes Lack of Heat Appliance not working
Smoke detectors missing Water leaks None of the Above Declined

In the past 12 months, has the electric, gas, oil or water company threatened to shut off services in your home?

Yes No Already Shut Off Declined

In the past 12 months, has lack of transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?

Yes, it has kept me from medical appointments or from getting my medications

Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need

No I choose not to answer/declined

Stress means a situation in which a person feels tense, restless, nervous, or anxious, or is unable to sleep at night because his or her mind is troubled all the time. Do you feel this kind of stress these days?

Not at all A little bit Somewhat Quite a bit Very much
I choose not to answer/declined

How often do you see or talk to people that you care about and feel close to? (For example: talking to friends on phone, visiting friends or family, going to church or club meetings)

Less than once a week 1-2 times a week 3-5 times a week 5 or more times a week
I choose not to answer/declined

Have you recently received a notification from the State denying, reducing, or terminating any of the following benefits?

Medicaid FoodShare (SNAP) SSI/SSDI Uemployment W-2 (Wisconsin Works)

Are you currently employed? Yes No I choose not to answer/declined

If yes:

What is your current work situation?

Full time work Part time or temporary work I choose not to answer/declined

If no:

Are you seeking work?

Yes No I choose not to answer/declined

Are you having problems with your boss?

Yes No I choose not to answer/declined

Would you like help finding a job?

Yes No I choose not to answer/declined

Would you like to be connected with training resources?

Yes No I choose not to answer/declined

What is the highest grade or year of school you completed?

Never attended school or only attended kindergarten

Grades 1 through 8 (elementary school)

Grades 9 through 11 (some high school)

Grade 12 or GED (high school graduate, diploma, or alternative credential)

College 1 year to 3 years (some college, associate's degree, trade, vocational, or technical school)

College 4 years or more (college graduate)

I choose not to answer/decline

How do you learn best? Reading books listening pictures hands-on learning I choose not to answer/decline

Would you like information about language classes or other educational opportunities?

Yes No I choose not to answer/declined

Physical Activity

On average, how many days per week do you engage in moderate to strenuous exercise?

0 1 2 3 4 5 6 7

On an average, how many minutes do you engage in exercise at this level?

10 20 30 40 50 60+

How often do you feel lonely or isolated from those around you?

Never Rarely Sometimes Often Always Declined

Do you have someone you could call if you needed help?

Yes No I choose not to answer/declined

Relationship Safety – because violence and abuse happens to a lot of people and affects their health, we are asking the following questions.

How often does anyone, including family and friends, hurt you?

Never Rarely Sometimes Often Always Declined

How often does anyone, including family and friends, insult or talk down to you?

Never Rarely Sometimes Often Always Declined

How often does anyone, including family and friends, threaten you with harm?

Never Rarely Sometimes Often Always Declined

How often does anyone, including family and friends, scream, or curse at you?

Never Rarely Sometimes Often Always Declined

Would you like assistance with any of the above items?

Yes No

If yes, what type of assistance? Written information Contact me

If yes, what do you want help with?

Education Financial Strain Housing Food

Transportation Utilities Stress Isolation

Relationship Safety Employment Legal resources

THANK YOU!!