

Wayne Memorial Community Health Centers

A Wayne Memorial Health System Affiliate

1. Which Race(s) are you? Circle all that apply

Asian	Native Hawaiian
Pacific Islander	Black/African American
Amer.Indian/Alaskan	White
Other (please write):	
I choose not to answer	

2. Are you Hispanic or Latino?

Yes	No	I choose not to answer
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3. What is your preferred language?

4. In the last 2 years, has seasonal or migrant work been your family's main source of income?

Yes	No	I choose not to answer
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5. Are you a Veteran of the United States Armed Forces?

Yes	No	I choose not to answer
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6. What address do you live at?

Street: _____

City, State, Zip Code: _____

7. How many family members (**Including Yourself**) do you currently live with? _____

I chose not to answer

8. What is your monthly family income?

9. What is your housing situation today?

I have housing
I do not have housing (<i>staying with others, in a hotel, in a shelter or living outside</i>).
I choose not to answer

10. Are you worried about losing your housing?

Yes	No	I choose not to answer
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11. What is the highest level of school that you have finished?

Less than High School (last grade completed ___)	
High School	Some College
Associate's	Bachelor's
Master's	Professional
Doctorate	I choose not to answer

12. Are you employed?

Yes-FT	Yes-PT
No-Looking	No

13. What is your main insurance?

None	Medicare
Medicaid	Private

14. In the past year, have you or anyone in your household been unable to get any of the following when it was needed?

Food	Clothing
Utilities	Phone
Child Care	Legal
Other	

15. In the past year, have you had trouble affording costs associated with health insurance (deductible, etc)?

Yes	No
Does not apply to me	
I choose not to answer	

16. How often do you see or talk to people that you care about?

Less Than 1x weekly	1-2 times weekly
3-5 times weekly	More than 5 times
I choose not to answer	

Over 

17. How stressed are you?

Not at all	A little bit
Somewhat	Quite a bit
Very Much	I choose not to answer

18. In the past 3 months have you spent more than 2 nights in a row in jail?

Yes	No	I choose not to answer
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19. Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?

Yes-Medical	Yes-Non Medical	
Yes-Med&Non Med	No	
I choose not to answer		

20. In the past year, have you had trouble getting any of the following when it was needed?

Health Insurance	Medical Care
Dental Care	Mental Health Care
None	I choose not to answer

21. In the past year, have you had trouble paying the costs associated with health care or medicine (co-pays, prices of medicines, etc.)?

Yes	No
I choose not to answer	

22. Are you a refugee?

Yes	No
I choose not to answer	

23. Do you feel physically and emotionally safe where you live?

Yes	No	Unsure
I choose not to answer		

24. In the past year, have you been afraid of a partner, ex-partner?

Yes	No
No Partner	Unsure
I choose not to answer	