

Health Care Needs Questionnaire, Preliminary Version

First are some questions about your general health and needs:

1. In general, compared to other people your age, how would you rate your health (select only one)?
 - a. Excellent
 - b. Very good
 - c. Good
 - d. Fair
 - e. Poor

2. In general, compared to other people your age, how would you rate your mental health (select only one)?
 - a. Excellent
 - b. Very good
 - c. Good
 - d. Fair
 - e. Poor

3. What is your current living situation (select only one)?
 - a. In a private home, apartment, or rented room
 - b. In assisted living
 - c. In a nursing home or other institution
 - d. In a group home for persons with physical, mental, or intellectual disability
 - e. Currently homeless

4. Are you currently receiving help on a **daily basis** from family or friends for **any** of the following activities (answer each question)?

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Personal hygiene/grooming --such as brushing teeth, washing face, combing hair
<input type="checkbox"/>	<input type="checkbox"/>	Assistance walking or if you use a wheelchair, help once seated in chair
<input type="checkbox"/>	<input type="checkbox"/>	Help transferring from one place to another --such as moving from chair to bed, chair to toilet or bed to standing position
<input type="checkbox"/>	<input type="checkbox"/>	Help eating -- Using a feeding tube or someone needing to feed you with a fork or spoon
<input type="checkbox"/>	<input type="checkbox"/>	Managing medications --includes help with reminders to take medicines, opening bottles, taking the correct dosage, giving injections

5. Are you currently receiving services on a **daily basis** from any agency or provider for **any** of the following activities (answer each question)?

YES	NO	
		Personal hygiene/grooming --such as brushing teeth, washing face, combing hair
		Assistance walking or if you use a wheelchair, help once seated in chair
		Help Transferring from one place to another --such as moving from chair to bed, chair to toilet or bed to standing position
		Help Eating -- Using a feeding tube or someone needing to feed you with a fork or spoon
		Managing medications --includes help with reminders to take medicines, opening bottles, taking the correct dosage, giving injections

Now we want to ask about your use of hospitals, emergency rooms, and clinics:

6. In the **last six months**, how many times did you stay one or more nights in a **hospital**?
- Not been hospitalized in the last six months
 - One time
 - Two times
 - Three or more times
7. If hospitalized, were any of these hospital stays related to **mental health**?
- Not hospitalized in last six months
 - None for mental health problem
 - One time for mental health problem
 - Two times for mental health problem
 - Three or more times for mental health problem
8. In the **last six months**, how many times have you used an **emergency room**?
- Not used emergency room in the last six months
 - One time
 - Two times
 - Three or more times
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9. In the **last six months**, how many times have you been seen in a **clinic** by a doctor or nurse practitioner or physician assistant for a health concern?
- a. No visits in last month
 - b. One time
 - c. Two times
 - d. Three times
 - e. Four times
 - f. Five to nine times
 - g. Ten or more times
10. In the **last six months**, how many times have you been seen by a mental health professional in a **clinic** for a mental health concern?
- a. No visits in last month
 - b. One time
 - c. Two times
 - d. Three times
 - e. Four times
 - f. Five to nine times
 - g. Ten or more times
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Finally, we have some questions about conditions and special needs to get you better care:

11. Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, select “Yes,” “No,” or you’re “Not sure.”

YES	NO	Don't Know / Not Sure	
			Diabetes
			Severe joint pain
			Asthma
			Cancer
			Stroke
			Heart disease
			Emphysema
			HIV or AIDS
			Sickle Cell Disease
			Obesity
			High cholesterol
			High blood pressure
			Kidney disease
			Depression

12. Do any of the following statements apply to you today (answer all that apply):

YES	NO	
		I have major financial problems due to unpaid medical bills
		I am not able to work, even part time, due to a health/mental health condition
		My family/close friends feel overwhelmed by my health/mental health problems
		I consider myself “medically frail”

