**Social Prescribing Program (SPP) Participant Update**

**To be done 6 and 12 months after Intake**

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| **Update date** (yyyy/mm/dd): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Intake staff:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Participant Update** | |
| **\*First name**: |  |
| **\*Last name:** | **Personal Health Number** (PHN): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **(if you were unable to obtain this information during intake, please try again)** |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **How have things been going for you in the past 6-months?** | Very bad  (1) | Bad  (2) | Equally bad and good  (3) | Good  (4) | Very good  (5) | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **On average how would you rate your physical health?** | Poor  (1) | Fair  (2) | Good  (3) | Very good (4) | Excellent (5) | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **On average how would you rate your emotional/mental health?** | Poor  (1) | Fair  (2) | Good  (3) | Very good (4) | Excellent (5) | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | | **Do you find it hard to complete daily activities (such as making meals, banking, getting around, shopping, and meeting other people) due to physical, mental or emotional challenges?** | Yes  (1) | No  (2) | Prefer not to say  (3) | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **\*How comfortable do you feel living independently at home?** | Not at all (1) | A little (2) | Somewhat (3) | Very (4) | Not applicable | |  |  |  |  |  |      |  |  |  |  |  | | --- | --- | --- | --- | --- | | **How confident do you feel participating in services provided by community-based organizations?** | Not at all (1) | A little (2) | Somewhat (3) | Very (4) | |  |  |  |  |      |  |  |  |  |  | | --- | --- | --- | --- | --- | | **In the last 6 months….** | Not at all (1) | A little (2) | Somewhat (3) | Very (4) | | **i. How connected have you felt to your community (e.g. faith-based groups, community centres, walking clubs, etc.)?** |  |  |  |  | | **ii. How connected have you felt to your family and friends?** |  |  |  |  | | |

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| **Personal & Home Supports** |
| **In the last 6 months how often have you received personal and/or home supports such as assistance with bathing, medications, meal preparation, housekeeping, transportation, reassurance calls, companionship etc. from any of the following sources (check all that apply):**  **Home and Community Care** (choose one):  🞏 Multiple times a week 🞏 Once a week 🞏 Once a month 🞏 Once every 3 months  🞏 Once every 6 months 🞏 Never  **Veterans Affairs** (choose one):  🞏 Multiple times a week 🞏 Once a week 🞏 Once a month 🞏 Once every 3 months  🞏 Once every 6 months 🞏 Never  **Better at Home** (choose one):  🞏 Multiple times a week 🞏 Once a week 🞏 Once a month 🞏 Once every 3 months  🞏 Once every 6 months 🞏 Never  **Community-based organization** (choose one):  🞏 Multiple times a week 🞏 Once a week 🞏 Once a month 🞏 Once every 3 months  🞏 Once every 6 months 🞏 Never  **Faith-based organization** (choose one):  🞏 Multiple times a week 🞏 Once a week 🞏 Once a month 🞏 Once every 3 months  🞏 Once every 6 months 🞏 Never  **Family** (choose one)**:**  🞏 Multiple times a week 🞏 Once a week 🞏 Once a month 🞏 Once every 3 months  🞏 Once every 6 months 🞏 Never  **Friends** (choose one)**:**  🞏 Multiple times a week 🞏 Once a week 🞏 Once a month 🞏 Once every 3 months  🞏 Once every 6 months 🞏 Never  **Other** (choose one)**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 Multiple times a week 🞏 Once a week 🞏 Once a month 🞏 Once every 3 months  🞏 Once every 6 months 🞏 Never   |  |  | | --- | --- | | **\*What major changes have happened in your life in the past 6 months? Please check all that apply** | | | * Someone close to me has died * I have become divorced/separated * I got married * I moved * Someone close to me moved away | * I have had a major health event * Someone close to me had a major health event * COVID-19 restrictions   Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Staff Notes** |
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