# Personal Characteristics

1. Are you Hispanic or Latino?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes |  | No |  | I choose not to answer this  question |

1. Which race(s) are you? Check all that apply

|  |  |  |  |
| --- | --- | --- | --- |
|  | Asian |  | Native Hawaiian |
|  | Pacific Islander |  | Black/African American |
|  | White |  | American Indian/Alaskan Native |
|  | Other (please write): | | |
|  | I choose not to answer this question | | |

1. At any point in the past 2 years, has season or migrant farm work been your or your family’s main source of income?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes |  | No |  | I choose not to answer this  question |

1. Have you been discharged from the armed forces of the United States?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes |  | No |  | I choose not to answer this  question |

1. What language are you most comfortable speaking?

# Family & Home

1. How many family members, including yourself, do you currently live with?

I choose not to answer this question

1. What is your housing situation today?

|  |  |
| --- | --- |
|  | I have housing |
|  | I do not have housing (staying with others, in  a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park) |
|  | I choose not to answer this question |

1. Are you worried about losing your housing?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes |  | No |  | I choose not to answer this  question |

1. What address do you live at?

Street: City, State, Zip code:

# Money & Resources

1. What is the highest level of school that you have finished?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Less than high school degree |  | High school diploma or GED |
|  | More than high school |  | I choose not to answer this question |

1. What is your current work situation?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Unemployed |  | Part-time or  temporary work |  | Full-time  work |
|  | Otherwise unemployed but not seeking work (ex: student, retired, disabled, unpaid primary care giver)  Please write: | | | | |
|  | I choose not to answer this question | | | | |

1. What is your main insurance?

|  |  |  |  |
| --- | --- | --- | --- |
|  | None/uninsured |  | Medicaid |
|  | CHIP Medicaid |  | Medicare |
|  | Other public insurance (not CHIP) |  | Other Public Insurance (CHIP) |
|  | Private Insurance |  | |

1. During the past year, what was the total combined income for you and the family members you live with? This information will help us determine if you are eligible for

any benefits.

I choose not to answer this question

14. In the past year, have you or any family members 17. Stress is when someone feels tense, nervous,

you live with been **unable** to get any of the anxious, or can’t sleep at night because their following when it was **really needed**? Check all mind is troubled. How stressed are you? that apply.

**Optional Additional Questions**

18. In the past year, have you spent more than 2 nights in a row in a jail, prison, detention

15. Has lack of transportation kept you from medical center, or juvenile correctional facility?

appointments, meetings, work, or from getting

things needed for daily living? Check all that apply.

19. Are you a refugee?

20. Do you feel physically and emotionally safe where

you currently live?

**Social and Emotional Health**

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

21. In the past year, have you been afraid of your

partner or ex-partner?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes | No | Food | Yes | No | Clothing |
| Yes | No | Utilities | Yes | No | Child Care |
| Yes | No | Medicine or Any Health Care (Medical,  Dental, Mental Health, Vision) | | | |
| Yes | No | Phone | Yes | No | Other (please write): |
|  | I choose not to answer this question | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Not at all |  | A little bit |
|  | Somewhat |  | Quite a bit |
|  | Very much |  | I choose not to answer this  question |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes |  | No |  | I choose not to answer  this |

|  |  |
| --- | --- |
|  | Yes, it has kept me from medical appointments or |
|  | Yes, it has kept me from non-medical meetings,  appointments, work, or from getting things that I need |
|  | No |
|  | I choose not to answer this question |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes |  | No |  | I choose not to answer  this |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes |  | No |  | Unsure |
|  | I choose not to answer this question | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Less than once a week |  | 1 or 2 times a week |
|  | 3 to 5 times a week |  | 6 or more times a week |
|  | I choose not to answer this question | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes |  | No |  | Unsure |
|  | I have not had a partner in the past year | | | | |
|  | I choose not to answer this question | | | | |