

Initial Client Data Intake Form

Circles Initial Client Data Intake

*Required

General Demographics Questions



Unique ID *

Your answer

Date of birth *

DD MM YYYY

/ / 2016

What is your major goal for becoming self-sufficient? *

- ☐ Employment
- ☐ Education
- ☐ Other:

Are you a United States citizen? *

- ☐ Yes
- ☐ No
- ☐ Other:

Which category describes you? *

- ☐ White
- ☐ Hispanic/Latino
- ☐ Black or African American
- ☐ Asian
- ☐ American Native or Alaska Native
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian or Pacific Islander
- ☐ Other:

Primary language *

Choose ▼

Other fluent languages *

Your answer

If you grew up in Springfield, Missouri, which neighborhood? *

Choose ▼

If you did not grow up in Springfield, what was the population of the city/town where you grew up? (Choose the city that you spent the most time in, or that you identify with as your "hometown") *

Choose



How long have you lived in your current neighborhood (years and months)? *

Your answer

If you grew up in Missouri, how far away from Springfield did you live? *

Choose



Are you currently registered to vote? *

☐

Yes

☐

No

☐

Not eligible to vote

Select all that apply. Do you vote for... *

	Yes	No
Local elections (i.e. taxes, mayor, city council)?	<input type="radio"/>	<input type="radio"/>
State elections (i.e. taxes, governor, senate)?	<input type="radio"/>	<input type="radio"/>
Federal elections (i.e. president, congress)?	<input type="radio"/>	<input type="radio"/>

How often do you vote? *

	1	2	3	4	5	
Never	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very regularly

Have you completed an educational or training program in the last 6 months? *

☐ Yes

☐ No

Are you currently enrolled in education? *

☐ Yes

☐ No

If yes, what is the name of the education institution?

Your answer

What are you studying?

Your answer

How long does the program last (months and years)?

Your answer

How much of the program have you completed? *

Choose



What diploma, degree, or certificate will you receive when you complete the program?

Your answer

Have you ever been told by a medical clinician that you have... *

	Yes	No
High blood sugar?	<input type="radio"/>	<input type="radio"/>
Diabetes?	<input type="radio"/>	<input type="radio"/>
Pulmonary disease (COPD/asthma)?	<input type="radio"/>	<input type="radio"/>
Elevated blood pressure?	<input type="radio"/>	<input type="radio"/>
Mental health diagnosis?	<input type="radio"/>	<input type="radio"/>
Do you use tobacco products?	<input type="radio"/>	<input type="radio"/>
Do you drink alcohol?	<input type="radio"/>	<input type="radio"/>

If you checked yes on diabetes, is it... *

- ☐ Type 1
- ☐ Type 2
- ☐ Gestational
- ☐ I don't have diabetes.

If you checked yes on high blood pressure, is it gestational? *

- ☐ Yes
- ☐ No
- ☐ I don't have high blood pressure.

If you checked yes on drinking alcohol, how many drinks per week do you consume?

- ☐ 2 or fewer
- ☐ 3 to 5
- ☐ 6 to 10
- ☐ 10 or more

What is your height? *

Choose ▼

What is your weight (in pounds)? *

Your answer

Please select which of the following best describes your family's current situation (concerning physical health): *

- ☐ A family member's health problems prohibit employment or other goal options. Or, family member is in need of 24-hour care.
- ☐ A family member's health problem regularly interferes with employment or other goal options.
- ☐ A family member's health problem occasionally interferes with employment or other goal options.
- ☐ A family member's physical health problem does not interfere with employment or other goal options.
- ☐ There are no physical health problems for any family member at this time.

Select which of the following best describes your family's current situation (concerning health insurance): *

- ☐ No health insurance for any family member.
- ☐ Not all family members are insured.
- ☐ All family members are covered by government insurance.
- ☐ All family members are insured, but the premiums and/or co-pays are unaffordable.
- ☐ All family members are covered by insurance and the premiums and co-pays are affordable.

What kind of insurance do you/your children/your spouse or significant other have? *

[illegible]

Do you and your children have a primary care physician? *

	Yes	No	Not applicable
You	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your spouse or significant other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Where do you seek medical treatment? *

- ☐ ER
- ☐ Urgent care
- ☐ Primary care
- ☐ Free clinics
- ☐ Other:

How would you describe your current health? *

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

How happy are you? *

- ☐ Very happy
- ☐ Happy
- ☐ Neutral
- ☐ Unhappy
- ☐ Very unhappy

Childhood Experiences

Answer as best as you can concerning your childhood.

Were you raised by anyone other than your parents? *

- ☐ Yes
- ☐ No
- ☐ Temporarily
- ☐ Other:

If yes, by whom?

- ☐ Grandparent(s)
- ☐ Aunt/Uncle
- ☐ Other relative
- ☐ Not a relative

If you answered "temporarily", for how long?

Your answer

Did you ever reside in a foster home, group home, or in a home without your family? *

☐ Yes

☐ No

If yes, for how long?

Your answer

How often did your parent or other adult in the household you grew up in... *

	Never	Sometimes	Often
Swear at, insult, or put you down?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Act in a way that made you afraid that you would be physically hurt?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Push, grab, shove, or slap you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hit you so hard that you had marks or were injured?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

As a child, did you... *

	No	Yes
Live with anyone who was a problem drinker or alcoholic?	<input type="radio"/>	<input type="radio"/>
Live with anyone who used illegal drugs?	<input type="radio"/>	<input type="radio"/>
Live with a household member who was depressed or mentally ill?	<input type="radio"/>	<input type="radio"/>
Live with a household member who attempted suicide?	<input type="radio"/>	<input type="radio"/>
Have a member of your household go to jail or prison?	<input type="radio"/>	<input type="radio"/>

If yes, to any responses on the previous question, which member of the household?

Your answer

As a child, did you ever witness or were you aware that your parent/guardian/caregiver was... *

	Never	Sometimes	Often
Ever pushed, grabbed, slapped, or had something thrown at her/him?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ever bitten, hit with a fist, or hit with something hard?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ever repeatedly hit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ever threatened with or hurt by a knife or gun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have you personally every gone to jail, juvenile detention, a treatment facility, or prison? *

☐ Yes

☐ No

If yes, is there current need for resolution of a criminal background?

☐ Yes

☐ No

Is a household member currently in jail? *

☐ Yes

☐ No

If yes, is there current need for resolution of a criminal background?

☐ Yes

☐ No

As an adult, has a household member ever gone to jail or prison?
*

☐ Yes

☐ No

If yes, is there current need for resolution of a criminal background?

☐ Yes

☐ No

Any other legal matters that need to be resolved? *

☐ Yes

☐ No

Have you ever used... *

	Yes	No
Crack/Cocaine/Speed	<input type="radio"/>	<input type="radio"/>
Meth	<input type="radio"/>	<input type="radio"/>
Marijuana	<input type="radio"/>	<input type="radio"/>
Heroin/Opiates	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

If you answered yes to any on the previous question, when was the last time you used?

Your answer

*

	No	Yes
As of today, I have a written plan for how I am going to reach my goals and become self-sufficient	<input type="radio"/>	<input type="radio"/>
As of today, I have a budget and savings plan to help build my assets.	<input type="radio"/>	<input type="radio"/>
As of today, I have a safe and stable place to live.	<input type="radio"/>	<input type="radio"/>
Are there people in your life whom you trust and can count on for emotional or moral support?	<input type="radio"/>	<input type="radio"/>
Are there people in your life who have served as mentors or have guided you to resources such as job opportunities, clubs, and legal services?	<input type="radio"/>	<input type="radio"/>

If there are people in your life whom you trust and can count on for emotional or moral support, how many are there? *

Choose ▼

If there are people in your life who have served as mentors or have guided you to resources, how many of them do you currently know and can reach out to? *

Choose ▼

Generally speaking, would you say that most people can be trusted or that you need to be very careful in dealing with people? *

- ☐ Most people can be trusted
- ☐ You can't be too careful

I trust the following people... *

	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Disagree
People in my neighborhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The police in my community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local government	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the last 6 months, have you... *

	No	Once	Twice	Three times	Four or more times
Worked on a neighborhood project?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worked with partners in the neighborhood to fix or improve something?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Volunteered?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attended any public meeting in which there was a discussion of neighborhood concerns/development?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attended a public meeting in which there was a discussion about schools or education?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attended a political meeting or rally? (inflated d/t election year 2016)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been at a friend's home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had a friend of a different race to your home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been in the home of a friend from a different race?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been in the home of someone from a different neighborhood?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had a friend from a different neighborhood in your home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the past 6 months have you... *

	Yes	No	N/A
Donated food, clothing, or other goods to an individual or organization?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opened or added money to a savings account?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid off credit card bill or pay day or title loan?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obtained a better paying job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obtained a car?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Received food, clothing, or other donated goods?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the past 6 months have you examined your credit score? *

- ☐ Yes
- ☐ No

If you have examined your credit score, what was it?

Your answer

Do you belong to any group or organization in your neighborhood (i.e. neighborhood association, PTA/PTSA, etc.)?
If yes, list the name of the organization(s). *

Your answer

Do you currently serve as an officer or serve on a committee for a local club or organization? (If yes, list name of the group/organization). *

Your answer

Immediate neighbors are the 10 or 20 households closest to you. About how often do you talk or visit with your immediate neighbors? *

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Yearly
- ☐ Never

Overall, how would you rate your neighborhood as a place to live? *

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

How much impact do you think you can have in making your neighborhood a better place to live? *

- ☐ No impact
- ☐ A small impact
- ☐ A moderate impact
- ☐ A big impact

The people running my community care about what happens to me. *

	1	2	3	4	5	
Strongly Agree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly Disagree

What is your religious/spiritual preference?

Your answer

Are you a member of a local church, synagogue, mosque, or other religious congregation? *

- ☐ Yes
- ☐ No

If you are a member of a local religious organization, what is the name of the place of worship you attend?

Your answer

Not including weddings and funerals, how often do you attend religious services? *

- ☐ Every week
- ☐ Almost every week
- ☐ Once or twice a month
- ☐ A few times per year
- ☐ Not at all

Select which of the following best describes the situation for the primary adult enrolled in the program: *

- ☐ Lack of academic skills is currently a barrier to employment or other goal attainment.
- ☐ Lack of academic skills severely limits employment or other goal attainment. Able to read with pictures and perform basic addition and/or subtraction.
- ☐ Lack of academic skills limits employment or other goal attainment. Able to read and complete basic job applications and can perform basic calculations.
- ☐ Academic skills occasionally limit employment or other goal attainment. Can read and perform math calculations at a high school level.
- ☐ Academic skills are not a barrier to employment or other goal attainment.

Please select which of the following best describes your family's current situation. *

- ☐ No regular or consistent income.
- ☐ Income does not meet basic needs.
- ☐ Income meets basic needs but is insufficient for emergencies.
- ☐ Income meets basic needs and allows for minor emergencies.
- ☐ Income meets basic needs, emergencies, allows for extras and savings.

Please select which of the following best describes the situation for the primary adult enrolled in the program. *

- ☐ Unemployed or never worked.
- ☐ Unemployed for less than 3 months.
- ☐ Part-time employment.
- ☐ Full-time employment without benefits.
- ☐ Full-time employment with a living wage and benefits.

Select which of the following best describes your family's current situation. *

- ☐ Family has no food and reports they are hungry.
- ☐ Family has no way to cook or refrigerate food and eats most meals at soup kitchens, free community meals, or with friends and relatives.
- ☐ Family has adequate food for less than one week available.
- ☐ Family has more than one week's food available and has access to supplemental food sources.
- ☐ Family obtains adequate meals without use of supplemental sources.

Please select which of the following best describes you family's current situation. *

- ☐ Family is currently homeless (i.e. homeless shelter, on the streets, out of vehicle, residing in a treatment facility or are staying with friends).
- ☐ Family is in transitional housing (i.e. temporary housing, hotel, motel, short-term lease (less than 6 months) or current residence is in need of major repairs).
- ☐ Family is currently living in permanent housing and there is a threat of eviction.
- ☐ Family is currently living in permanent housing but the cost exceeds 50% of family income.
- ☐ Family is currently living in permanent non-subsidized housing.

Select which of the following best describes your family's current situation. *

- ☐ No transportation.
- ☐ No transportation; but are able to borrow a car, access public transportation but have limited resources for fare, no license.
- ☐ Have a vehicle but needs major repairs, not licensed, etc.
- ☐ Own a vehicle but needs minor repairs, limited resources for gas.
- ☐ Own a vehicle and does not need repair and has resources for gas.

Please select which of the following best describes your family's current situation. *

- ☐ A family member's mental health and/or substance abuse prohibit employment or other goal attainment.
- ☐ A family member's mental health and/or substance abuse regularly interferes with employment/other goals.
- ☐ A family member's mental health and/or substance abuse occasionally interferes with employment/other goals.
- ☐ A family member's mental health and/or substance abuse does not interfere with employment/other goals.
- ☐ There are no mental health or substance abuse problems for any family member at this time.

Please select which of the following best describes the situation for the primary adult enrolled in the program. *

- ☐ Current stressors are so great that participant is unable to focus on employment or other goal attainment.
- ☐ Current stressors considerably affect participant's ability to focus on employment or other goal attainment.
- ☐ Current stressors moderately affect participant's ability to focus on employment or other goal attainment.
- ☐ Current stressors only minimally affect participant's ability to focus on employment or other goal attainment.
- ☐ Stressors do not currently interfere with employment or other goal attainment.

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