



Beth Israel Deaconess HealthCare®

At Beth Israel Deaconess HealthCare, **we care about you**. We have an exciting new program to connect patients with support *outside of the doctor's office*.

Our health care team members can help connect you with resources like: food, transportation, housing, utilities, safety, childcare, work, and more.

Are you looking for help with any of these resources? If so, **we want to help**. Please take a moment to answer the attached survey so that we can learn how we can help you. Please hand the completed form to the medical assistant when you are in the exam room.

Thank you,

BIDHC Care Team





Beth Israel Deaconess
HealthCare®

Name: _____

DOB: _____

DOS: _____

* 11653477w10729 ClinDoc



Community Health Questionnaire

1. In the past year, have you or any of your family members you live with been unable to get any of the following when it was really needed? Circle all that apply.

Food 	Clothing 	Utilities 	Child Care 	Medicine or any HealthCare 	Phone 	Other (please describe)	I choose not to answer this question
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2. What is your housing situation today?

- a. I have housing
- b. 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)
- c. I choose not to answer this question

3. Are you worried about losing your housing?

- a. Yes
- b. No
- c. I choose not to answer this question

4. Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Circle all that apply.

- a. Yes, it has kept me from medical appointments or from getting my medications
- b. Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need
- c. No
- d. I choose not to answer this question

5. 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, visit friends or family)

- a. Less than once a week
- b. 1 or 2 times a week
- c. 3 to 5 times a week
- d. 5 or more times a week
- e. I choose not to answer this question

6. Do you feel physically and emotionally safe where you currently live?

- a. Yes
- b. No
- c. Unsure
- d. I choose not to answer this question

7. In the past year, have you been afraid of your partner or ex-partner?

- a. Yes
- b. No
- c. Unsure
- d. I have not had a partner in the past year
- e. I choose not to answer this question

8. Would you like help connecting to resources? Circle all that apply.

Housing 	Food 	Transportation 	Utilities 	I do not want help with resources
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