

Wellness Questionnaire

1. In the past 6 months, was it difficult to afford healthy balanced meals?
YES NO
2. Are you worried or concerned about your housing situation?
YES NO
3. In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?
YES NO
4. In the last 12 months, was there a time when you needed to see a doctor but could not because of cost?
YES NO
5. In the last 12 months, did you skip medications to save money?
YES NO
6. In the past 12 months has lack of transportation kept you from medical appointments, meetings, work, or getting things for daily living (such as medications)?
YES NO
7. In the past 12 months has there been any changes in your independence?
YES NO
8. In the past year has obtaining childcare or eldercare been difficult?
YES NO
9. Do you ever feel confused understanding your medical condition after an appointment?
YES NO
10. Do you often feel that you lack companionship or a support system?
YES NO
11. Do you ever feel unsafe where you live or work?
YES NO
12. What is your current work situation?
 - a. Unemployed and seeking work
 - b. Part time or temporary work
 - c. Full time work
 - d. Not seeking work (student, retired, disabled, caregiver)