

Life Style Overview

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|--|---|----------------------|------------------|-------------------------|--------------|--|---------------------------------|---|----------------------------------|---|--|--|--|--|---|--|--|--|-------------|
| PHONE | 1. How often do you have access to a telephone? | All the time | Some of the time | Rarely | Never | | | | | | | | | | | | | | |
| TRANS. | 2. How often do you have access to transportation? | All the time | Some of the time | Rarely | Never | | | | | | | | | | | | | | |
| FOOD | 3. In the past 6 month, how often did the food you bought not last, and you didn't have money to buy more? | Never | Sometimes | Often | | | | | | | | | | | | | | | |
| | 4. How often do you eat during your usual day? | 0-3 | 4-5 | 6 or more | | | | | | | | | | | | | | | |
| ACTIVITY | 5. In one week, how many days do you walk or engage in other physical activity (such as using exercise equipment, gardening, housework, etc)? | 0-1 day | 2-3 day | 4 or more | | | | | | | | | | | | | | | |
| | 6. On those days, how many times are you physically active for at least 10 minutes? | 0 | 1-2 times | 3 or more times | | | | | | | | | | | | | | | |
| DENTAL | 7. When was your last dental appointment? | Less than a year ago | 1-2 years ago | Greater than 2 years | | | | | | | | | | | | | | | |
| LEARNING | 8. Do any of these things make it hard for you to take good care of your health? <table style="width: 100%; border: none;"> <tbody> <tr> <td><input type="checkbox"/> Understanding what your provider tells you.</td> <td><input type="checkbox"/> Seeing</td> </tr> <tr> <td><input type="checkbox"/> Remembering what your provider tells you</td> <td><input type="checkbox"/> Hearing</td> </tr> <tr> <td><input type="checkbox"/> Asking questions when you don't understand</td> <td><input type="checkbox"/> Getting in and out of car</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Reading English</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Speaking English</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Writing English</td> </tr> <tr> <td></td> <td>Other _____</td> </tr> </tbody> </table> | | | | | <input type="checkbox"/> Understanding what your provider tells you. | <input type="checkbox"/> Seeing | <input type="checkbox"/> Remembering what your provider tells you | <input type="checkbox"/> Hearing | <input type="checkbox"/> Asking questions when you don't understand | <input type="checkbox"/> Getting in and out of car | | <input type="checkbox"/> Reading English | | <input type="checkbox"/> Speaking English | | <input type="checkbox"/> Writing English | | Other _____ |
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| | Other _____ | | | | | | | | | | | | | | | | | | |
| HOUSING | 9. Where are you living today? | Homeless | Shelter | Friend or Family | Own home/apt | | | | | | | | | | | | | | |
| | 10. Are you at risk to lose your housing? | Yes No | | | | | | | | | | | | | | | | | |
| | 11. How concerned are you that you won't have a place to live sometime in the next 6 months? | Very | Somewhat | Not concerned | | | | | | | | | | | | | | | |
| SOCIAL SUPPORT | 12. How many people can you count on in times of need? | 0 | 1 | 2 | 3 or more | | | | | | | | | | | | | | |
| | 13. Do you have a spouse or partner? | Yes No | | | | | | | | | | | | | | | | | |
| | 14. Are there any adults, including your spouse/partner, with whom you have regular talks? | Yes No | | | | | | | | | | | | | | | | | |
| SAFETY | 15. Do you feel safe in your neighborhood? | Yes No | | | | | | | | | | | | | | | | | |
| | 16. Are you ever afraid that your spouse/partner or another person you live with might hurt you? | Yes No | | | | | | | | | | | | | | | | | |
| MENTAL HEALTH | 17. Have you ever been in the hospital for a mental health condition? | Yes No | | | | | | | | | | | | | | | | | |
| | 18. Over the past 2 weeks, how often have you been bothered by little interest or pleasure in doing things? | Not at all | Several days | More than half the days | Every day | | | | | | | | | | | | | | |
| | 19. Over the past 30 days, how many times have you been bothered by feeling down, depressed, or hopeless? | Not at all | Several days | More than half the days | Every day | | | | | | | | | | | | | | |

| | | | | | |
|--|--|--------------|------------------------|---------------|--------------------|
| TOBACCO | 20. Do you use tobacco? IF YES: | Yes | No | | |
| | 21. Are you interested in quitting tobacco in next 30 days? | Yes | No | | |
| ALCOHOL | 22. Do you drink alcohol? IF YES: | Yes | No | | |
| | 23. Have you ever felt you should <i>cut down</i> on your drinking? | Yes | No | | |
| | 24. Have people <i>annoyed</i> you by criticizing your drinking? | Yes | No | | |
| | 25. Have you ever felt bad or <i>guilty</i> about your drinking? | Yes | No | | |
| | 26. Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover? | Yes | No | | |
| | 27. Are you interested in stopping drinking? | Yes | No | | |
| DRUGS | 28. Do you use illegal drugs? IF YES: | Yes | No | | |
| | 29. During the last 6 months have you or people who know you well had concerns about your use of illegal drugs or prescribed medication? | Yes | No | | |
| | 30. Are you interested in getting help with stopping your drug use? | Yes | No | | |
| LEGAL | 31. In the past year, have you ever been in jail, the work house or prison? | Yes | No | | |
| FINANCIAL | 32. In the past year, have you been uninsured or concerned about losing health insurance? | Yes | No | | |
| | 33. In the past year, have you had trouble paying for medications, clinic visits and/or supplies? | Yes | No | | |
| WORK | 34. What is your current source of income? | None | Part time job | Full time job | Social security/GA |
| | 35. How many months have you been employed in the past three (3) years? | None | Less than 24 months | | 24 months or more |
| | 36. Would you be interested in working? | Yes | No | | |
| MEDICATIONS | 37. How many medications, including over the counter ones, are you currently taking? | None | 1-4 | | 5 or more |
| | 35. Where do you get your prescriptions filled? | One pharmacy | More than one pharmacy | | |
| | 36. How many times in the last week did you miss or forget to take your medications? | None | Less than 3 times | | 3 times or more |
| READINESS TO CHANGE | 37. How likely are you to make changes that you believe are good for your health (please choose only one response)? | | | | |
| | <input type="checkbox"/> I am thinking about making a change in my health. <input type="checkbox"/> I am seriously considering making a healthy change. <input type="checkbox"/> I have been trying to make changes in my health in last 6 month <input type="checkbox"/> I have been successful in maintaining changes in my health. | | | | |
| | 38. Using a thermometer with a scale of 0-10, with 10 being the best health you can imagine, how would you rate your health today? _____ | | | | |
| 39. Is there anything else you would like to add that we have not discussed today? | | | | | |