



Social History

Please complete the following questions below. This questionnaire is given to all new patients establishing care and during a patient's annual wellness visit.

Over the past two weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly everyday
Little interest or no pleasure in doing things?	0	1	2	3
Feeling down or depressed and hopeless?	0	1	2	3

Alcohol Use

A drink is defined as: 12 ounces of beer, 5 ounces of wine or 1.5 ounces of liquor.

1. How often do you have a drink containing alcohol?

- Never
- Monthly or less
- 2-4 times a month
- 2-3 times a week
- 4 or more times a week

2. How many standard drinks containing alcohol do you have on a typical day?

- 1 or 2
- 3 or 4
- 5 or 6
- 7 to 9
- 10 or more

3. How often do you have 6 or more alcoholic drinks on occasion?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?"



FACTORS AFFECTING YOUR HEALTH

We believe everyone should have the opportunity for health. Some things like not having enough food or reliable transportation or a safe place to live can make it hard to be healthy. Please answer the following questions to help us better understand you and your current situation. We may not be able to find resources for all of your needs, but we will try and help as much as we can.

	Yes	No	Prefer not to answer
Food			
1. Within the past 12 months, did you worry that your food would run out before you got money to buy more?			
Housing/ Utilities			
2. Within the past 12 months, have you ever stayed: outside, in a car, in a tent, in an overnight shelter, or temporarily in someone else's home (i.e. couch-surfing)?			
3. Within the past 12 months, have you been unable to get utilities (heat, electricity) when it was really needed?			
Transportation			
4. Within the past 12 months, has a lack of transportation kept you from medical appointments or from doing things needed for daily living?			
Immediate Need (General)			
5. Would you like help with any of the needs that you have identified in questions 1-4?			
Interpersonal Safety			
6. Within the past 12 months, have you been hit, slapped, kicked, or otherwise physically hurt by anyone?			
A. If yes , please identify the location that the abuse took place:			
<ul style="list-style-type: none"> 1) Home 2) Work 3) Community 4) Other 			
7. Within the past 12 months, have you been emotionally or physically abused by your partner or someone important to you?			
8. Within the past 12 months, have you been forced by someone you work for to trade sexual acts for food, clothing, money, shelter, favors or other necessities for survival?			
Immediate Need (Interpersonal Safety)			
9. Would you like help with any of the needs that you have identified in questions 6-8?			