

Priority Survey Enrollment Survey

Please complete the survey below.

Thank you!

Are you Hispanic or Latino?

- Yes
 No
 I chose not to answer this question
 (Ethnicity)

Which race(s) are you? Check one unless you identify as mixed race, then check all that apply.

- Non-Hispanic White
 Black/African-American
 Native Hawaiian
 American Indian/Alaska Native
 Asian
 Pacific Islander
 Other
 I chose not to answer this question

What is your gender?

- Female
 Male
 Trans male/Trans man
 Trans female/Trans woman
 Gender queer/gender non-confirming/non-binary
 I chose not to answer this question

What year were you born?

Were you born in the United States?

- Yes
 No

If not, where were you born?

What language are you most comfortable speaking?

- English
 Spanish
 Other Language
 I chose not to answer

What is the highest level of education that you have finished?

- less than a high school diploma
 High School diploma or GED
 Some college or trade school
 College degree
 Masters or doctoral degree
 I chose not to answer this question

No, no difficulty

Yes, some difficulty

Yes a lot of difficulties

Cannot do at all

Difficulty seeing, even if wearing glasses

- | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| Difficulty hearing, even if using a hearing aid? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Difficulty walking or climbing steps? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Difficulty remembering or concentrating? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Difficulty taking care of yourself-
doing things like washing all
over or dressing? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

FAMILY

- How many family members, including yourself, do you currently live with?
- 1
 2
 3
 4
 5
 6
 7
 8
 9
 10

- Do you live with an older adult (aged 65 years of age or older)?
- Yes
 No

- Do you live with a child/children?
- Yes
 No

HOUSING

- What is your housing situation today?
- I/We live in a home that I/we own
 I/We live in a home that I/we rent
 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)
 I choose not to answer this question

- Are you worried about losing your housing?
- No
 Yes
 I chose not to answer

What address do you live at? (Street) (e.g 123 Main Street)

Zip code:
(NYC residents only)

- Do you feel physically and emotionally safe where you currently live?
- No
 Yes
 Unsure
 I choose not to answer this question

In the last 12 months, how many times have you moved from one home to another?

In the past year, have you spent more than 2 nights in a row in a jail, prison, detention center, or juvenile correctional facility?

- No
 Yes
 I chose not to answer this question

EMPLOYMENT

What is your current work situation?

- Unemployed
 Part-time or temporary work
 Full time work
 Not employed but not seeking work (e.g student, retired, disabled, unpaid primary care giver)
 I chose not to answer this question

If employed, do you work outside the home?

- Yes
 No

Do you work remotely?

- Yes
 No

What industry do you work in?

- Healthcare
 Retail
 Education
 First Responder
 Criminal Justice
 Public Transit
 Direct Service Provider
 Other

If Other, what industry? Name industry here:

What is your main health insurance?

- None/Uninsured
 Commercial insurance
 Medicaid
 Medicare
 Unsure/Don't know
 I chose not to answer this question

During the past year, what was the total combined household income for you and the family members you live with?

- Under or over \$20,000
 Under or over \$40,000
 Under or over \$60,000
 Under or over \$80,000
 Under or over \$100,000
 I chose not to answer this question

In the past year, have you or any family members you live with being unable to get any of the following when it was really needed? Check all that apply

	No	Yes
Food	<input type="radio"/>	<input type="radio"/>
Clothing	<input type="radio"/>	<input type="radio"/>
Utilities	<input type="radio"/>	<input type="radio"/>
Child Care	<input type="radio"/>	<input type="radio"/>
Phone	<input type="radio"/>	<input type="radio"/>

- Medicine or Any Health care (Medical, Dental, Vision)
- I chose not to answer this question

-
- How hard is it for you to pay for the very basics like food, housing, heating, medical care and, and medications?
- Not hard at all
 Somewhat hard
 Very hard
 I chose not to answer this question

-
- Has lack of transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?
- No
 Yes, it has kept me from medical appointments or from getting my medications
 Yes, it has kept me from non-medical meetings, appointments, work, or getting things needed for daily living
 I choose not to answer this question

Physical, Social and Emotional Health

-
- On average, how many days per week do you engage in moderate to strenuous exercise (like walking fast, running, jogging, dancing, swimming, biking, or other activities that cause light or heavy sweat?)
- 0
 1
 2
 3
 4
 5
 6
 7

-
- Do you smoke cigarettes or e-cigarettes every day, some days, or not at all?
- Every day
 Some days
 Not at all
 Don't know/Not Sure
 Refused

-
- In general, would you say your health is:
- Excellent
 Very good
 Good
 Fair
 Poor

-
- Do you have a primary care provider?
- Yes
 No

-
- During the past 12 months, how many times have you seen a doctor or other health care professional about your health at a doctor's office, a clinic, or some other place?
- 0
 1
 2 to 3
 4 to 5
 6 to 7
 8 to 9
 10-12
 13-15
 16 or more
 Refused
 Don't know

Do you have Asthma or COPD?

- Yes
 No

Do you have Hypertension?

- Yes
 No

Do you have Kidney Disease?

- Yes
 No

Do you have Diabetes?

- Yes
 No

Do you have Heart Failure?

- Yes
 No
-

PHYSICAL ABUSE

CRC Note: If patient is being abused, pleas offer social work consult after survey is complete

In the last 12 months, have you been physically or emotionally hurt or threatened by a spouse/partner or someone else you know?

- No
 Yes
 I chose not to answer this question

How often do you see or talk to people that you care about and feel close to?

- less than once a week
 1 or 2 times a week
 3 or 5 times a week
 5 or more times a week
 I chose not to answer this question

STRESS

If patient says he/she is very stressed, offer social work consult after survey is complete.

Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled. How stressed are you?

- Not at all
 A little bit
 Somewhat
 Quite a bit
 Very much
 I chose not to answer this question

Loneliness

CRC note: If the patient feels isolated or lonely, please offer a social work consult after the survey is complete.

How often do you feel lonely or isolated from those around you?

- Never
 Rarely
 Somewhat
 Often
 Always

How often have they been bothered by the following over the past 2 weeks?

	Not at all	Several days	More than half of the days	Nearly every day
Little interest or pleasure in doing things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed, or hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CRC NOTE: IF patient says yes to experiencing discrimination, offer a social work consult

Have you ever experienced discrimination, or been prevented from doing something, or been hassled or made to feel inferior in any of the following situations because of your race, ethnicity, or color?

	No	Yes
At school?	<input type="radio"/>	<input type="radio"/>
Getting hired or getting a job?	<input type="radio"/>	<input type="radio"/>
At work?	<input type="radio"/>	<input type="radio"/>
Getting housing?	<input type="radio"/>	<input type="radio"/>
Getting medical care?	<input type="radio"/>	<input type="radio"/>
Getting service in a store or restaurant?	<input type="radio"/>	<input type="radio"/>
Getting credit, bank loans, or a mortgage?	<input type="radio"/>	<input type="radio"/>
On the street or in a public setting?	<input type="radio"/>	<input type="radio"/>
From the police or in the courts?	<input type="radio"/>	<input type="radio"/>

Would you like to talk with a social worker?

- Yes
 No