Below are questions about your life and health. We understand that these questions may be personal, but they are important for your care. We ask these questions of all our patients. Like the rest of your visit, this information will be kept in strict confidence, except we may have to tell someone else if you are planning to hurt yourself or someone else, or if you are being hurt by someone. You can skip some or all of these questions. If you have any questions for your provider, please ask them at the beginning of your visit.

Name: ______________________________

Date of Birth: ________________________

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1. Do you have a primary care provider? ☐ Yes ☐ No **If yes**, who? ______________________________

2. Are you employed? (check all that apply)

☐ Yes, full-time ☐ Yes, part-time ☐ Yes, contract ☐ Yes, seasonal ☐ I'm a student

☐ No because of a disability or illness ☐ No because of child or elder care ☐ No because of transportation challenges ☐ No because of difficulty finding a job ☐ No, other reason

If employed, at work are you exposed to any chemicals, materials, or conditions that you worry may not be safe for your health (whether you are pregnant or not)? ☐ Yes ☐ No

3. What is your highest level of education?

☐ Less than high school ☐ Some high school ☐ High school diploma/GED ☐ Some college

☐ Associates degree ☐ Bachelors degree ☐ Masters degree ☐ Doctoral degree

4. How comfortable are you understanding written health information?

☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Extremely

5. How comfortable are you understanding what you are told about your health?

☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Extremely

6. How comfortable are you completing medical forms on your own?

☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Extremely

7. Do you use any of these products? (check all that apply)

☐ Cigarettes ☐ Electronic cigarettes ☐ Smokeless Tobacco ☐ Hookah ☐ Cigars ☐ No, none of these products

If yes:
How old were you when you first started using this/these product(s)? ______________________________

How much do you use each day? ________ Cigars/ Cigarettes ________ Packs ________ Pods Other: ____________

Have you ever tried to quit? ☐ Yes ☐ No

Are you interested in attempting to quit? ☐ Yes ☐ No

Continue

8. How often do you drink alcohol?

☐ Never ☐ Less than monthly ☐ Monthly ☐ Weekly ☐ Daily

9. How often do you have four or more alcoholic drinks on one occasion?

☐ Never ☐ Less than monthly ☐ Monthly ☐ Weekly ☐ Daily

10. How many alcoholic drinks do you have on a typical day when you are drinking?

☐ 0-2 ☐ 3-4 ☐ 5-6 ☐ 7-9 ☐ 10+

11. Have you ever been in treatment for an alcohol problem? ☐ Yes, now ☐ Yes, in the past ☐ No, never

12. Are you currently in recovery for alcohol or substance use? ☐ Yes ☐ No

13. In the past year, have you used a recreational drug or used a prescription medication for non-medical reasons (including marijuana)? ☐ Yes ☐ No

In the past two weeks, how often have you felt the following ways?

14. Little interest or pleasure in doing things

☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

15. Feeling down, depressed, or hopeless

☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

16. In the next two months, are you worried that you may not have stable housing? ☐ Yes ☐ No

17. *Think about the place you live*. Do you have any problems with the following? (check all that apply)

☐ Bug infestation ☐ Inadequate heat ☐ Lead paint or pipes ☐ Mold

☐ Oven or stove not working ☐ No or not working smoke detectors ☐ Water leaks ☐ None of the above

18. In the past year, did you worry that your food would run out before you got money to buy more? ☐ Yes ☐ No

In the past year, has someone:

19. Humiliated or emotionally abused you ☐ Yes ☐ No

20. Made you afraid of them ☐ Yes ☐ No

21. Kicked, hit, slapped, or otherwise physically hurt you ☐ Yes ☐ No

22. Raped or forced you to have any kind of sexual activity you did not want to ☐ Yes ☐ No

23. Told you not to use birth control (like the pill, shot, ring, etc.), taken away your birth control, or kept you from going to the clinic to get birth control ☐ Yes ☐ No

24. Made you have sex without a condom when you wanted to use one, including taking off the condom during sex or damaging the condom on purpose ☐ Yes ☐ No

25. Made or forced you to use birth control when you did not want to at all or did not want to use that specific method ☐ Yes ☐ No