

QUESTIONNAIRE about Your Conditions of Health

Date: _____

Identity Code _____

1. How hard is it for you to pay for the very basics: like food, housing, medical care, and heating costs?
 Not hard at all Somewhat hard Hard Very hard Decline
2. In the last 3 years, how many places (house, apt., trailer, shelter) have you lived in (unrelated to your job)?
 Only 1 2-4 Decline to answer
3. In the past 2 years was there a time when you did not have a permanent place to sleep?
 Yes No Decline
4. Within the past 12 months, you worried that your food would run out before you got the money to buy more.
 Never true Only a little To some extent Rather much Very much Decline
5. What is your current work situation?
 Purposely Unemployed Part-time or temporary work Full-time work
 Unemployed and seeking work Decline to answer
6. Do you feel stressed---tense, restless, nervous, anxious, or unable to sleep at night because your mind is troubled all the time—these days?
 Not at all Only a little To some extent Rather much Very much Decline
7. How often do you see or talk to people that you care about and feel close to? (For example: talking to friends on the phone, visiting friends or family, going to church or club meetings)
 Never Once a week More often than that Decline
8. Do you now experience a limitation in your health management related to:
 ambulation dexterity (use of hands) speech hearing sight breathing
 eating/digestion vertigo (dizziness) memory
 None of the above I decline to answer

(Composed for FrameWork Health by Linda Royer)