

Community Health Worker (CHW) Client Interview Form

Demographic Information

Full Name: _____

Date of Birth: _____

Gender Identity: _____

Preferred Language: _____

Race/Ethnicity: _____

Address: _____

City, State, ZIP: _____

Phone Number: _____

Email Address (if any): _____

Preferred Contact Method: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Emergency Contact Relationship: _____

Section 1: Open-Ended Questions (1-15)

1. Tell me about your typical day. _____

2. What are some of your biggest health concerns right now? _____

3. How do you usually handle stress or tough times? _____

4. What helps you feel safe and supported in your community? _____

5. Can you describe any challenges you've had accessing healthcare? _____

6. How do you usually get to your doctor or clinic appointments? _____

7. What does a healthy lifestyle mean to you? _____

8. Share a time you felt truly listened to by a provider or helper: _____

9. What changes would you like to make in your health or well-being? _____

10. Who do you turn to for support when needed? _____

11. What are some goals you have for yourself or your family? _____

12. How do you care for your mental or emotional health? _____

13. What services or programs do you wish you had access to? _____

14. How has your living situation affected your health? _____

15. What brings you joy or keeps you motivated? _____

Community Health Worker (CHW) Client Interview Form

Section 2: Quick Personal Check-In (16-30)

16. Do you feel safe where you live?

☐ Yes

☐ No

☐ Sometimes

17. Do you have a primary care doctor?

☐ Yes

☐ No

18. Are you currently taking any medications?

☐ Yes

☐ No

19. Have you had a physical exam in the last 12 months?

☐ Yes

☐ No

20. Do you have reliable transportation?

☐ Yes

☐ No

21. Are you currently employed?

☐ Yes

☐ No

☐ Seeking work

22. Do you have health insurance?

☐ Yes

☐ No

☐ Not Sure

23. Can you afford groceries weekly?

☐ Yes

☐ No

☐ Sometimes

Community Health Worker (CHW) Client Interview Form

24. Is anyone in your household living with a chronic illness?

☐ Yes

☐ No

25. Do you have children or dependents?

☐ Yes

☐ No

26. Are there working smoke detectors in your home?

☐ Yes

☐ No

☐ Not Sure

27. Have you ever experienced domestic violence or abuse?

☐ Yes

☐ No

☐ Prefer not to say

28. Do you have access to a phone or internet?

☐ Yes

☐ No

☐ Limited access

29. Do you need help with rent, bills, or other basic needs?

☐ Yes

☐ No

30. Would you like help connecting to resources or programs today?

☐ Yes

☐ No

Section 3: CHW Notes / Referrals / Follow-Up

Services or referrals provided during this visit: _____

Priority concerns: _____

Next steps or appointments: _____

CHW Signature: _____

Community Health Worker (CHW) Client Interview Form

Date: _____