

Entered By: _____ Date: _____ Project: _____

Nearest Street Address: _____

1. Have you recently conducted a health and wellness assessment AND has your health condition and location remained the same? Yes, I had an assessment, and nothing has changed (END SURVEY)
 No, I have not been assessed.
 Yes, I have been assessed but my situation has changed.

2. Do you consent to participate in this short Health and Wellness assessment?
 Yes No [If Yes, proceed. If No, "Thank you, I respect your privacy and wish you well."]

CLIENT INFORMATION

3. Please provide and spell your full name: _____
First Middle Last

4. What is your date of birth? ____/____/____ 5. [If no date of birth] What is your age? _____

6. [If no age] Surveyor's estimate of the individual's age range: Under 5 5 to 12 13 to 18
 18 to 24 25 to 34 35 to 44 45 to 54 55 to 64 65+

7. What is your gender? Male Female Trans (M2F) Trans (F2M) Gender Non-Conforming
 Don't Know Refused

8. Are you a veteran? Yes No Don't Know Refused

HEALTH SCREENING INFORMATION

9. Have you had cold or flu-like symptoms within the last 14 days?
 Yes, Currently Experiencing Yes, Have Experienced No

- 9A. [If Yes] Which symptoms did you, or do you currently, have? (Check all that apply)
 Fever* Cough* Shortness of Breath* Loss of Smell* Sore Throat
 Headaches Sneezing Body, Muscle Aches Runny, Stuffy Nose Loss of Taste*

- 9B. [If *] What date did you first experience symptoms? ____/____/____

- 9C. Have you been tested for the Coronavirus? Yes Pending Referral No

- 9D. [If No] Would you like to be tested? Yes No

- 9E. [If Yes] What were the results? Negative Positive Waiting Results

10. Do you have any chronic health conditions? Yes No Don't Know Refused

- 10A. [IF Yes] Do you have any of the following: (Check all that apply) Diabetes HIV/AIDS
 Heart/Lung Disease Chronic Kidney Disease Lung Disease Other _____

11. [If Female] Are you currently pregnant? Yes No Don't Know Refused

12. May I take your temperature? Yes No If Yes, what was the temp.? _____
 NOTE: Temp over 100.4 indicates a fever.

CONTACT INFORMATION

13. Is there an email address where we can contact you? _____

14. If you have a phone number where you can be reached, what is it? _____

15. Is there anything else that may be helpful to know in case we need to contact you? _____

LIVING SITUATION

16. What is your current housing status?

- Unhoused and unsheltered Unhoused, in shelter Housed, housing insecure
 Housed Public Institution or Healthcare Facility

16A. [If “Unhoused and unsheltered”] Where did you sleep last night?

- Street or Sidewalk Outdoor Encampment
 Bus, train station, airport Abandoned building
 Park Under Bridge / Overpass
 Vehicle / Boat / RV

16B. [If “Unhoused, in shelter”] Where did you sleep last night?

- Emergency Shelter Safe Haven
 Transitional Housing Motel / Hotel – paid for by agency

16C. [If “Housed, housing insecure”] Where did you sleep last night?

- Motel/ Hotel – paid for with own funds
 With a friend or family in their house/ apt (couch surfing)
 Staying or living with a stranger or acquaintance, temporary tenure
 In a place you are being evicted from within two weeks
 Host home or other program-arranged temporary housing

16D. [If “Public Institution”] What type of institution?

- Psychiatric hospital or facility Substance abuse treatment, detox, or recovery center
 Hospital or other medical facility Jail, prison, or juvenile detention facility
 Foster home or group home Long-term care facility or nursing home

17. [If “Unhoused and unsheltered”] Would you be willing to accept a bed in a shelter or hotel/motel if one is available? Yes, any bed Yes, Hotel/Motel Only No, I prefer where I am

17A. [If Yes] Do you have any specific needs or requirements? (Check all that apply)

- Transportation Storage for Possessions Pet Location
 Partner or Spouse Handicap Accessible Other _____

18. What resources would help you shelter in place? (Check all that apply) Food Water

- Shower Toilet Sanitizer/Wash Station Phone Charging Trash Disposal
 Toiletries Pet Supplies Cleaning Supplies Laundry Other _____

NOTES FROM OUTREACH STAFF TO COMMAND CENTER

19. Is further action needed with this individual? No, Not at this time Yes, Needs Testing
 Yes, Quarantine Yes, Requires Medical Attention Yes, Other

20. NOTES: _____
 “Thank you for your patience and time as we work together to help address these health and safety issues”

COMMAND CENTER FOLLOW UP QUESTIONS (NOT TO BE COMPLETED BY SURVEYOR) [IF 19=YES]

21. What is the individual's current status?

- No Action Needed / Closed
- Waiting Transport*
- Under Quarantine
- Shelter in Place
- Hospitalized
- Waiting Test Results and/or Placement
- Staying at Shelter/Hotel*
- Under Isolation
- Other Follow Up Required
- Deceased

21A. [If*] Where is the individual residing or waiting transport to? _____

22. If the person has symptoms, have they been referred to testing? Yes No

22A. [If Yes] Testing Location: _____

22B. [If Yes] Testing Date: _____/_____/_____

23. If the individual has been quarantined or isolated, where were they placed? _____

23A. What date did this start? _____/_____/_____

23B. What date did this end? (leave blank if still enrolled) _____/_____/_____

24. If the person has been hospitalized, where were they placed? _____

24A. What date did this start? _____/_____/_____

24B. What date did this end? (leave blank if still enrolled) _____/_____/_____

25. If the person did have symptoms, is he/she still feeling sick? Yes No Deceased

25A. [If No], what date did he/she/they start feeling better? _____/_____/_____

25B. [If Deceased], what date did he/she/they pass? _____/_____/_____

26. Notes.
