

Entered By: _____ Date: _____ Project: _____

Nearest Street Address: _____

1. Have you recently had a health and wellness assessment conducted AND has your health condition and location remained the same?

- Yes, I have 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) 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

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] Please indicate if you have any of the following: (Check all that apply)

- Diabetes Heart Disease High Blood Pressure Lung Disease
 HIV/AIDS Other (please specify) _____

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.?** _____

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? (Note to surveyor, you can answer this question if you are surveying the person at their sleeping location)

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

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 or detox 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 Partner or Spouse Pet Storage for Possessions
 Handicap Accessible Location Other (please specify)_____

NOTES FROM OUTREACH STAFF TO COMMAND CENTER

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

19. NOTES: _____

COMMAND CENTER FOLLOW UP QUESTIONS (NOT TO BE COMPLETED BY SURVEYOR) [IF 17=YES]

20. 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

20A. [If*] Where is the individual residing or waiting transport to? _____

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

21A. [If Yes] Testing Location: _____

21B. [If Yes] Testing Date: _____/_____/_____

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

22A. What date did this start? _____/_____/_____

22B. What date did this end? (leave blank if still enrolled) _____/_____/_____

23. If the person has been hospitalized, 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 did have symptoms, is he/she still feeling sick? Yes No Deceased

24A. [If No], what date did he/she/they start feeling better? _____/_____/_____

24B. [If Deceased], what date did he/she/they pass? _____/_____/_____

25. Notes.
