

Anchor Bay Clinic-Family Medical Center, P.C.

Patient Name _____
 Date of Birth _____

Date _____

Health Questionnaire

Health starts in our homes, schools, workplaces, neighborhoods and communities. We know seeing a doctor when we are sick, getting recommended tests and screenings, eating well and staying active affect our health. Our health is also influenced by social and economic factors; the resources and supports we have available to us, our relationships, and our environment. The questions below are given to all patients. Your answers will help your healthcare provider understand all the factors that affect your health. He/she wants to make sure all patients have the same opportunities to make choices that lead to good health.

Please read the questions below and answer “yes” or “no”.

Domain	Question	Response	
Healthcare	In the past month, did poor physical or mental health keep you from doing your usual activities, like work, school or a hobby?	Yes	No
	In the past year, was there a time when you needed to see a doctor but could not because it cost too much?	Yes	No
Food	Do you ever eat less than you feel you should because there is not enough food?	Yes	No
Employment & Income	Do you trouble making ends meet because of lack of work or unsteady income?	Yes	No
Housing & Shelter	Are you worried that in the next few months, you may not have safe housing that you own, rent, or share?	Yes	No
Utilities	In the past year, have you had a hard time paying your utility company bills?	Yes	No
Family care	Do you need help finding or paying for care for loved ones? For example, child care or daycare for an older adult.	Yes	No
Education	Do you think completing more education or training, like finishing a GED, going to college, or learning a trade, would be helpful for you?	Yes	No
Transportation	Do you need help with transportation to work, school, and/or your appointments?	Yes	No
Safety	Do you ever feel unsafe in your home or neighborhood?	Yes	No
Clothing & Household	Do you need help getting household supplies? For example, clothing, shoes, blankets, mattress, diapers, toothpaste, and shampoo.	Yes	No
General	Would you like to receive assistance with any of these needs?	Yes	No
	Are any of your needs urgent?	Yes	No