

## WEST VIRGINIA WISEWOMAN Community Health Needs

<b>Last Name:</b>	<b>First Name:</b>	<b>M.I.:</b>	<b>Date of Birth:</b>
<p>Do you have any of the following types of computers?</p> <p>Desktop/Laptop    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Smartphone        <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Tablet/Other portable wireless Computer    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>			
<p>Do you or any member of this household have access to the internet?</p> <p><input type="checkbox"/> Yes - by paying a cell phone company or internet service provider    <input type="checkbox"/> Yes - without paying a cell phone company or internet service provider</p> <p><input type="checkbox"/> No - access to internet in this house, apartment, or mobile home</p>			
<p>During the last 12 months, was there a time when you were worried you would run out of food because of a lack of money or other resources?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>			
<p>Have you ever missed a doctor's appointment because of transportation problems?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>			
<p>If you are currently using childcare services, please identify the type of services you use. (Select all that apply) If not, select Not Applicable;</p> <p><input type="checkbox"/> Infant (birth to 11 months)    <input type="checkbox"/> Toddler (11-36 months)    <input type="checkbox"/> Preschool (3-5 years)</p> <p><input type="checkbox"/> After School Care (K-9th grade)    <input type="checkbox"/> Not Applicable</p>			
<p>Have you had any of these child-care related problems during the past year? (Select all that apply)</p> <p><input type="checkbox"/> Cost    <input type="checkbox"/> Availability    <input type="checkbox"/> Location    <input type="checkbox"/> Transportation    <input type="checkbox"/> Hours of Operation    <input type="checkbox"/> Other    <input type="checkbox"/> Not Applicable</p>			
<p>What is your housing situation today?    <input type="checkbox"/> I have housing    <input type="checkbox"/> I have housing, but I am worried about losing my house</p> <p><input type="checkbox"/> I do not have housing</p>			
<p><b>The following will ask how safe you feel:</b></p>			
<p>How often does your partner physically hurt you?</p> <p><input type="checkbox"/> Never    <input type="checkbox"/> Rarely    <input type="checkbox"/> Sometimes    <input type="checkbox"/> Fairly Often    <input type="checkbox"/> Frequently</p>			
<p>How often does your partner insult or talk down to you?</p> <p><input type="checkbox"/> Never    <input type="checkbox"/> Rarely    <input type="checkbox"/> Sometimes    <input type="checkbox"/> Fairly Often    <input type="checkbox"/> Frequently</p>			
<p><b>These four items are related to medication-taking adherence:</b></p>			
<p>Do you ever forget to take your (name of health condition) medicine?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>			
<p>Are you careless at times about taking your (name of health condition) medicine?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>			
<p>When you feel better, do you sometimes stop taking your (name of health condition) medicine?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>			
<p>Sometimes if you feel worse when you take your (name of health condition) medicine, do you stop taking it?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>			