

Name: _____

Health Plan #: _____

Your Current Life Situation (Shorter Form)

Please answer the following questions to help us better understand you and your current situation. The information you provide will be entered into your Kaiser Permanente medical record and will be used by your health care team to develop a plan to help you maintain or improve your health and well-being.

1. Which of the following best describes your current living situation? (Select ONE only)

- Live alone in my own home (house, apartment, condo, trailer, etc.); may have a pet
- Live in a household with other people
- Live in a residential facility where meals and household help are routinely provided by paid staff (or could be if requested)
- Live in a facility such as a nursing home which provides meals and 24-hour nursing care
- Temporarily staying with a relative or friend
- Temporarily staying in a shelter or homeless
- Other

2. Do you have any concerns about your current living situation, like housing conditions, safety, and costs?

- Yes → Condition of housing Lack of more permanent housing
- No Ability to pay for housing or utilities Feeling safe Other

3. In the past 3 months, did you have trouble paying for any of the following? (Select ALL that apply)

- Food Housing Heat and electricity Medical needs Transportation
- Childcare Debts Other None of these

4. In the past 3 months, how often have you worried that your food would run out before you had money to buy more?

- Never Sometimes Often Very often

5. Has lack of transportation kept you from medical appointments or from doing things needed for daily living? (Select ALL that apply)

- Kept me from medical appointments or from getting medications
- Kept me from doing things needed for daily living
- Not a problem for me

6. If for any reason you need help with activities of daily living such as bathing, preparing meals, shopping, managing finances, etc., do you get the help that you need?

- I don't need any help I get all the help I need I could use a little more help I need a lot more help

7. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

- Never Almost never Sometimes Fairly often Very often

8. Which of the following would you like to receive help with at this time? (Select ALL that apply)

- Food
- Housing
- Transportation
- Utilities (heat, electricity, water, etc.)
- Medical care, medicine, medical supplies
- Dental services
- Vision services
- Applying for public benefits (WIC, SSI, SNAP, etc.)
- More help with activities of daily living
- Childcare/other child-related issues
- Debt/loan repayment
- Legal issues
- Employment
- Other
- I don't want help with any of these

9. Who answered these questions?

- Member alone Member with someone's help Family member, friend, or caregiver of member