

AHCM SCREENING TOOL. The following questions are meant to understand the participant's current needs	
Question	Instructions/Response
What is your living situation today?	1. I have a steady place to live 2. I have a place to live today, but I am worried about losing it in the future 3. I do not have a steady place to live: select one of the following:
If you do not have a steady place to live, select one of the following:	a. I am temporarily staying with others b. in a hotel or SRO c. in a shelter d. living outside on the street e. on a beach, in a car, abandoned building, bus or train station, or in a park
2. Think about the place you live. Do you have problems with any of the following? (CHOOSE ALL THAT APPLY)	1. Pests such as bugs, ants, or mice 2. Mold 3. Lead paint or pipes 4. Lack of heat 5. Oven or stove not working 6. Smoke detectors missing or not working 7. Water leaks 8. None of the above
To be read to participant. <i>SOME PEOPLE HAVE MADE THE FOLLOWING STATEMENTS ABOUT THEIR FOOD SITUATION. PLEASE ANSWER WHETHER THE STATEMENTS WERE OFTEN, SOMETIMES, OR NEVER TRUE FOR YOU AND YOUR HOUSEHOLD IN THE LAST 1 MONTH.</i>	
3. Within the past 1 month, you worried that your food would run out before you got money to buy more.	<input type="radio"/> Often true <input type="radio"/> Sometimes true <input type="radio"/> Never true
4. Within the past 1 month, the food you bought just didn't last and you didn't have money to get more.	<input type="radio"/> Often true <input type="radio"/> Sometimes true <input type="radio"/> Never true
4a. Have you been to a food pantry, or food bank or another place where free food is distributed, in the last 1 month ?	<input checked="" type="radio"/> YES <input type="radio"/> NO
5. In the past 1 month, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?	<input type="radio"/> Yes <input type="radio"/> No
6. In the past 1 month has the electric, gas, oil, or water company threatened to shut off services in your home?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Already shut off

<p>7. How hard is it for you to pay for the very basics like food, housing, medical care, and heating? Would you say it is...</p>	<p><input type="radio"/> Very hard <input type="radio"/> Somewhat hard <input type="radio"/> Not hard at all</p>
<p>8. Do you want help finding or keeping work or a job</p>	<p><input type="radio"/> Yes, help finding work <input type="radio"/> Yes, help keeping work <input type="radio"/> I do not need or want help</p>
<p>Because violence and abuse happens to a lot of people and affects their health we are asking the following questions. ALL ANSWERS WILL BE KEPT CONFIDENTIAL AND WILL NOT BE SHARED WITH OTHERS.</p>	
<p>9. How often does anyone, including family and friends, physically hurt you?</p>	<p><input type="radio"/> Never (1) <input type="radio"/> Rarely (2) <input type="radio"/> Sometimes (3) <input type="radio"/> Fairly often (4) <input type="radio"/> Frequently (5)</p>
<p>10. How often does anyone, including family and friends, insult or talk down to you?</p>	<p><input type="radio"/> Never (1) <input type="radio"/> Rarely (2) <input type="radio"/> Sometimes (3) <input type="radio"/> Fairly often (4) <input type="radio"/> Frequently (5)</p>
<p>11. How often does anyone, including family and friends, threaten you with harm?</p>	<p><input type="radio"/> Never (1) <input type="radio"/> Rarely (2) <input type="radio"/> Sometimes (3) <input type="radio"/> Fairly often (4) <input type="radio"/> Frequently (5)</p>
<p>12. How often does anyone, including family and friends, scream or curse at you?</p>	<p><input type="radio"/> Never (1) <input type="radio"/> Rarely (2) <input type="radio"/> Sometimes (3) <input type="radio"/> Fairly often (4) <input type="radio"/> Frequently (5)</p>