|  |  |
| --- | --- |
| Patient Questionnaire To Assess Resources | Logo  Description automatically generated with low confidence |

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Are you worried about your appointment today? Yes: \_\_\_\_ No: \_\_\_\_
2. How are you feeling about your diagnosis of tuberculosis?

|  |
| --- |
| A group of yellow smiley faces  Description automatically generated with medium confidence |
| Excellent | Very Good | Neutral | Fair | Poor |

1. Has tuberculosis disease been explained to you? Yes: \_\_\_\_ No: \_\_\_\_

What questions do you have?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have reliable transportation for your appointments? Yes: \_\_\_\_ No: \_\_\_\_

What?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If not, do you know someone that can help you with transportation? Yes: \_\_\_\_ No: \_\_\_\_

1. Are you worried about paying for gas when attending appointments? Yes: \_\_\_\_ No: \_\_\_\_
2. Do you have somewhere reliable and safe to stay each night? Yes: \_\_\_\_ No: \_\_\_\_
3. Do you ever go to bed hungry or are you worried where your next Yes: \_\_\_\_ No: \_\_\_\_

meal will come from? Are you worried your children / family don’t

have enough food?

1. Do you have friends / family nearby?

 Yes: \_\_\_\_ No: \_\_\_\_

1. Can you talk to family/ friends/ therapist/ doctor/

nurse/religious leader when you have problems? Yes: \_\_\_\_ No: \_\_\_\_

1. Did you move here from elsewhere? Yes: \_\_\_\_ No: \_\_\_\_

If so, where/when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What are the major sources of stress in your life right now? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you ever afraid of being harmed by someone in your

household or have you ever thought about hurting yourself?**\*** Yes: \_\_\_\_ No: \_\_\_\_

Are there firearms in your home? Yes: \_\_\_\_ No: \_\_\_\_

1. If you are having trouble coping, feel sad or angry most of the time, or have any other issues that you feel you need help with then please let us know. We have Community Health Workers just waiting for your call so they can help you. 🙂
2. How do you feel that you have been treated today?

|  |
| --- |
| A group of yellow smiley faces  Description automatically generated with medium confidence |
| Excellent | Very Good | Neutral | Fair | Poor |

1. How are you feeling about your diagnosis of tuberculosis now?

|  |
| --- |
| A group of yellow smiley faces  Description automatically generated with medium confidence |
| Excellent | Very Good | Neutral | Fair | Poor |

**\***LHJ Staff, follow local protocols if answer is yes.

DOH 343-269 December 2024

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.