



1. In the past 6 months, have you not been able to pick up your medications or had to skip a doctor's appointment for financial reasons?

- a. Yes
- b. No

2. In the past 6 months, have you worried that your food will run out before you got money to buy more?

- a. Yes
- b. No

3. In the past 6 months, have you experienced additional stress due to your own or a family member's alcohol or drug use?

- a. Yes
- b. No

4. In the past 6 months, have you experienced additional stress due to your own or a family member's health status?

- a. Yes
- b. No

5. How often does anyone, including family and friends, threaten you with harm?

- a. Never
- b. Rarely
- c. Sometimes
- d. Fairly often
- e. Frequently

6. Over the past 2 weeks, how often have you felt down, stressed, anxious, depressed, or hopeless?

- a. Not at all
- b. Several days
- c. More than half the days
- d. Nearly every day

7. Do you currently have any health insurance, including Medicaid?

- a. Yes
- b. No

8. What is your zip code?

9. What is your race and ethnicity?

- a. American Indian or Alaska Native
- b. Black or African American
- c. Hispanic or Latino
- d. Middle Eastern or North African
- e. Native Hawaiian or Pacific Islander
- f. White
- g. Other

10. What language do you speak at home?

- a. English
- b. Spanish
- c. Vietnamese
- d. Other languages of Asia
- e. Arabic
- f. Chinese
- g. German
- h. French
- i. Somali
- j. Nepali
- k. Other

11. Would you like to speak with health department staff to get connected to resources?

- a. Yes- please fill out your contact information below
- b. No

Thank you for taking our survey.

You do not need to fill out your personal information if you chose 'No'.

Contact Information

Name: _____

E-mail or phone: _____

Please circle your preferred method of communication

Text

Call

E-mail



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