WellRX Questionnaire

Patient Name _____ Date _____

DOB_____Male ☐ Female ☐

1. In the past 2 months, did you or others you live with eat smaller meals or skip meals because you didn't have money for food?
   ☐ yes ☐ no
2. Are you homeless or worried that you might be in the future?
   ☐ yes ☐ no
3. Do you have trouble paying for your utilities (gas, electricity, phone)?
   ☐ yes ☐ no
4. Do you have trouble finding or paying for a ride?
   ☐ yes ☐ no
5. Do you need daycare, or better daycare, for your kids?
   ☐ yes ☐ no
6. Are you unemployed or without regular income?
   ☐ yes ☐ no
7. Do you need help finding a better job?
   ☐ yes ☐ no
8. Do you need help getting more education?
   ☐ yes ☐ no
9. Are you concerned about someone in your home using drugs or alcohol?
   ☐ yes ☐ no
10. Do you feel unsafe in your daily life?
    ☐ yes ☐ no
11. Is anyone in your home threatening or abusing you?
    ☐ yes ☐ no