

WE CARE SURVEY

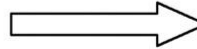
Our goal at the Harriet Lane Clinic is to provide the best possible care for your child and family. We would like to make sure that you know all the resources that are available to you for your problems. Many of these resources are free of charge. Please answer each question with an "X" and hand it in to your child's doctor at the beginning of the visit. Thank You!

1. Do you have a high school degree?

YES

NO

If NO, would you like help to get a GED?



YES

NO

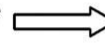
MAYBE
LATER

2. Do you have a job?

YES

NO

If NO, would you like help with finding employment?



YES

NO

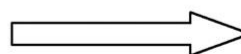
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3. Do you smoke cigarettes?

YES

NO

If YES, would you like help to quit?



YES

NO

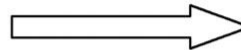
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4. Do you or does anyone else in your home use drugs?

YES

NO

If YES, would you like help with it?



YES

NO

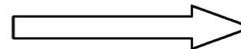
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LATER

5. Do you or does anyone else in your home have a problem with alcohol?

YES

NO

If YES, would you like help with it?



YES

NO

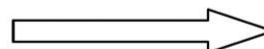
MAYBE
LATER

6. Are you feeling sad or hopeless a lot of the time?

YES

NO

If YES, would you like help with it?

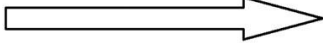


YES

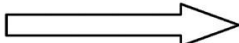
NO

MAYBE
LATER

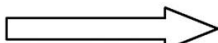
7. Does your partner hit or verbally abuse you? YES NO MAYBE LATER

YES
 If YES, would you like help? 
NO

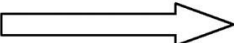
8. Do you need daycare for your child? YES NO MAYBE LATER

YES
 If YES, would you like help finding it? 
NO

9. Do you think you are at risk of becoming homeless? YES NO MAYBE LATER

YES
 If YES, would you like help with this? 
NO

10. Do you need help in getting food by the end of the month? YES NO MAYBE LATER

YES
 If YES, would you like help with this? 
NO

In case your child's doctor cannot address all these issues at this visit, please rank the 3 items that you wish to talk about in order of importance.

- 1.
- 2.
- 3.

