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? ☐ ☐ ☐

2. Do you have a job?

   YES ☐

   NO ☐

   If NO, would you like help with finding employment? ☐ ☐ ☐

3. Do you smoke cigarettes?

   YES ☐

   NO ☐

   If YES, would you like help to quit? ☐ ☐ ☐

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

   YES ☐

   NO ☐

   If YES, would you like help with it? ☐ ☐ ☐

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? ☐ ☐ ☐

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

   YES ☐

   NO ☐

   If YES, would you like help with it? ☐ ☐ ☐
7. Does your partner hit or verbally abuse you?
   YES □ □ □
   NO □ □ □
   If YES, would you like help?

8. Do you need daycare for your child?
   YES □ □ □
   NO □ □ □
   If YES, would you like help finding it?

9. Do you think you are at risk of becoming homeless?
   YES □ □ □
   NO □ □ □
   If YES, would you like help with this?

10. Do you need help in getting food by the end of the month?
    YES □ □ □
    NO □ □ □
    If YES, would you like help with this?

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. Most important

2.

3. Least important