

## **Risk Screening**

## **PLEASE PRINT**

| First Name, Last Name, Suffix   |                       | Date of Birth   |                          | Age            |                  |  |  |  |  |  |  |
|---|-----------------------|---|--------------------------|----------------|------------------|--|--|--|--|--|--|
|   |                       |   |                          |                |                  |  |  |  |  |  |  |
| Mailing Address   |                       |   |                          |                |                  |  |  |  |  |  |  |
| Phone Number  |                       |   |                          |                |                  |  |  |  |  |  |  |
|   |                       |   |                          |                |                  |  |  |  |  |  |  |
|   |                       |   |                          |                |                  |  |  |  |  |  |  |
| Race and Ethnicity  |                       |   |                          |                |                  |  |  |  |  |  |  |
| 1. Which of the following describes your racial or ethnic identity? (Please check all that apply) |                       |   |                          |                |                  |  |  |  |  |  |  |
| American Indian or Alaska   | Asian 🗌               | Native Hawa   | aiian or Pacific         | Hispanio       | or Latino/a      |  |  |  |  |  |  |
| Native  | Asian Indian          | Islander 🗌  |                          | ☐ Hisp         | anic or Latino/a |  |  |  |  |  |  |
| American Indian   | ☐ Chinese             | ☐ Guaman  | ian or                   | Cent           | ral American     |  |  |  |  |  |  |
| ☐ Alaska Native   | ☐ Filipino/a          | Chamori   | ro                       | ☐ Hisp         | anic or Latino/a |  |  |  |  |  |  |
| ☐ Canadian Inuit, Metis,  | ☐ Laotian             | ☐ Microne   | sian                     | Mex            | ican             |  |  |  |  |  |  |
| or First Nation   | ☐ Hmong               | ☐ Native H  | lawaiian                 | ☐ Hisp         | anic or Latino/a |  |  |  |  |  |  |
| ☐ Mexican Native or   | ☐ Japanese            | ☐ Samoan  |                          | South American |                  |  |  |  |  |  |  |
| Indio   | ☐ Korean              | ☐ Tongan  |                          | ☐ Othe         | er Hispanic or   |  |  |  |  |  |  |
| ☐ Central American, or  | ☐ South Asian         | Other Pa  | acific Islander          | Latir          | no/a             |  |  |  |  |  |  |
| South American  | ☐ Vietnamese          |   |                          |                |                  |  |  |  |  |  |  |
| <u> </u>  | ☐ Other Asian         | White 🗌   |                          |                |                  |  |  |  |  |  |  |
| Black or African American   | \ \ \                 | ☐ Eastern   | European                 | Other Ca       | ategories        |  |  |  |  |  |  |
| ☐ African American  | Middle Eastern/ North | ☐ Slavic  |                          | ☐ Othe         | er (please list) |  |  |  |  |  |  |
| ☐ African (Black)   | African               | ☐ Western   | European                 | 1              |                  |  |  |  |  |  |  |
| ☐ Caribbean (Black)   | ☐ North African       | ☐ Other   |                          | ☐ Don'         | t know/ Unknown  |  |  |  |  |  |  |
| ☐ Other Black   | ☐ Middle Eastern      | A   |                          | ☐ Don'         | t want to        |  |  |  |  |  |  |
|   | V                     |   |                          | ansv           | ver/Decline      |  |  |  |  |  |  |
|   |                       |   |                          |                |                  |  |  |  |  |  |  |
|   | Lan                   | guages  |                          |                |                  |  |  |  |  |  |  |
|   |                       |   |                          |                |                  |  |  |  |  |  |  |
| 2. What is your preferred la  |                       | 4. Do you need an interpreter?  |                          |                |                  |  |  |  |  |  |  |
| Spoken:   |                       | Yes Don't know/Unknown  |                          |                |                  |  |  |  |  |  |  |
| Written:  | □ No □ I              | Don't want to ar  | nswer/De                 | cline          |                  |  |  |  |  |  |  |
| 2. Davis park stars lave a  | !                     | F U   | II daa                   | د جاد جاد ۲    |                  |  |  |  |  |  |  |
| 3. Do you need sign langua  |                       | 5. How well do you <b>speak</b> English?  |                          |                |                  |  |  |  |  |  |  |
| communicate with you?   |                       | •   | ☐ Very Well ☐ Not at all |                |                  |  |  |  |  |  |  |
| ☐ <u>Yes</u> ☐ Don't know/Unkn  | <del></del>           | <ul><li>☐ Well</li><li>☐ Don't know/Unknown</li><li>☐ Not Well</li><li>☐ Don't want to answer/Decline</li></ul> |                          |                |                  |  |  |  |  |  |  |
| □ No □ Don't want to ans  |                       | i 🔲 Don't war   | it to answ               | er/Decline     |                  |  |  |  |  |  |  |
| If yes, which type do you need  |                       |   |                          |                |                  |  |  |  |  |  |  |
| interpreting, etc.)   |                       |   |                          |                |                  |  |  |  |  |  |  |

|  |  | Health  |  |         |    |         |
|--|--|---|--|---------|----|---------|
| 6. Do any of the following   | ng apply to you? (please r   | mark <b>all</b> that apply)   |  |         |    |         |
| Depression   |  | Heart Failure   |  |         |    |         |
| ☐ Breathing proble   | ems  | ☐ Kidney Dialysis   |  |         |    |         |
| Diabetes   |  | Smoking   |  |         |    |         |
| Heart Disease  |  | ☐ Drug Use  |  |         |    |         |
| ☐ Alcohol Use  |  | Need Food   |  |         |    |         |
| ☐ <u>Homeless</u>  |  |   |  |         |    |         |
| · ·  | prescriptions do you take  | · · · · · · · · · · · · · · · · · · ·   |  |         |    |         |
|  | 1-3  | ☐7-10   | □11 or mo  | ore     |    |         |
|  | rientation? Do you <b>consi</b>  | <u> </u>  | ☐ Decline to /   | Ancwor  |    |         |
| ☐ Straight (heterose ☐ Gay or Lesbian  | exual)   | □Bisexual<br>□Asexual   |  | Aliswei |    |         |
|  |  |   |  | \       |    |         |
| 9. How many family mer   | mbers, including yourself  | , do you currently have   | in your househol   | d?      |    |         |
| <u>10</u> . What is your current   | : work situation?  |   |  |         |    |         |
| □Full-Time   | ☐ Part-Time  | □Seasonal   | ☐Work fro  | m Home  |    |         |
| □Disabled  | Unemployed   | Other:  |  |         |    |         |
|  | _ onemployed   |   |  |         |    |         |
|  |  |   |  |         | _  |         |
| For the following question   | ons, please mark <b>Yes, No</b>  |   |  | Yes     | No | Decline |
| For the following question 11. Are there any culture   |  |   | may influence  | Yes     | No | Decline |
| For the following question 11. Are there any culture your care?  | ons, please mark <b>Yes, No</b><br>al, religious, or spiritual   | beliefs or practices that   | may influence  |         |    | Decline |
| For the following question  11. Are there any culture your care?  12. Are you deaf or do y   | ons, please mark <b>Yes, No</b> al, religious, or spiritual  ou have a really hard tim   | beliefs or practices that ne hearing?   | may influence  |         |    | Decline |
| For the following question 11. Are there any culture your care?  12. Are you deaf or do you figure, at what age displayed.   | ons, please mark <b>Yes, No</b> al, religious, or spiritual vou have a really hard time id this condition begin?   | beliefs or practices that ne hearing?   |  |         |    | Decline |
| For the following question  11. Are there any culture your care?  12. Are you deaf or do you fi yes, at what age do 13. Are you blind or do you  | ons, please mark <b>Yes, No</b> al, religious, or spiritual  ou have a really hard tim   | beliefs or practices that ne hearing? ne seeing, even when w  |  |         |    | Decline |
| For the following question  11. Are there any culture your care?  12. Are you deaf or do you fi yes, at what age did.  13. Are you blind or do you fi yes, at what age did.  14. Do you have a really  | ons, please mark Yes, No ral, religious, or spiritual rou have a really hard time id this condition begin? _you have a really hard time id this condition begin? _v hard time walking or clime   | beliefs or practices that ne hearing? ne seeing, even when w mbing stairs?  |  |         |    | Decline |
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| For the following question 11. Are there any culture your care?  12. Are you deaf or do you fi yes, at what age do 13. Are you blind or do you fi yes, at what age do 14. Do you have a really of yes, at what age do 15. Do you have a hard to 15.  | ons, please mark Yes, No al, religious, or spiritual vou have a really hard timid this condition begin? _ you have a really hard timid this condition begin? _ hard time walking or climid this condition begin? _ time dressing or bathing  | beliefs or practices that ne hearing? ne seeing, even when w mbing stairs? ?  |  |         |    | Decline |
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| For the following question 11. Are there any culture your care?  12. Are you deaf or do you fight yes, at what age do 13. Are you blind or do you fight yes, at what age do 14. Do you have a reallyou fight yes, at what age do 15. Do you have a hard to fight yes, at what age do 16. Does a physical, metals.  | ons, please mark Yes, No al, religious, or spiritual vou have a really hard timid this condition begin? _ you have a really hard timid this condition begin? _ hard time walking or climid this condition begin? _ time dressing or bathing id this condition begin? _ intal, or emotional conditional   | beliefs or practices that he hearing? he seeing, even when w mbing stairs? ?  | earing glasses?  |         |    | Decline |
| For the following question  11. Are there any culture your care?  12. Are you deaf or do you fi yes, at what age do to you have a really of yes, at what age do to you have a hard to yo | ons, please mark Yes, No al, religious, or spiritual fou have a really hard time id this condition begin? _ you have a really hard time id this condition begin? _ hard time walking or clime dressing or bathing id this condition begin? _ time dressing or bathing id this condition begin? _ ntal, or emotional condition begin? _ ntal, or emotional condition begin? _   | beliefs or practices that he hearing? he seeing, even when w mbing stairs? ?  | earing glasses?  |         |    | Decline |
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| For the following question 11. Are there any culturate your care?  12. Are you deaf or do you fight yes, at what age do 13. Are you blind or do you fight yes, at what age do 14. Do you have a really of yes, at what age do 15. Do you have a hard to fight yes, at what age do 16. Does a physical, menus fight yes, at what age do 17. Do you have a hard to because of a physical fight yes, at what age do 18. Do you have a hard to 18. Do you have a hard to 18. Do you have a hard to 18.   | ons, please mark Yes, No al, religious, or spiritual from have a really hard time id this condition begin? _ you have a really hard time id this condition begin? _ hard time walking or clime dressing or bathing id this condition begin? _ time dressing or bathing id this condition begin? _ ntal, or emotional condition begin? _ time concentrating, remeal, mental, or emotional   | beliefs or practices that he hearing? he seeing, even when w mbing stairs? ? cion limit your activities embering or making decondition? e such as visiting a doctor   | rearing glasses?  in any way?  cisions                               |         |    | Decline |
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