

## Patient Questionnaire To Assess Resources

Name \_\_\_\_\_

Phone \_\_\_\_\_

### Significant:

1. Are you worried about your appointment today? Yes \_\_\_ No \_\_\_

2. How do you feel that you have been treated today in the health unit?



Great

Don't Know

Poor

3. How are you feeling about your recent diagnosis of tuberculosis?



Great

Don't Know

Poor

4. Has tuberculosis disease been explained to you? Yes \_\_\_ No \_\_\_

### Barriers:

5. Do you have reliable transportation? Yes \_\_\_ No \_\_\_

6. Do you know someone that can help you with transportation? Yes \_\_\_ No \_\_\_

7. Are you worried about gas costs when attending appointments? Yes \_\_\_ No \_\_\_

8. Do you have somewhere reliable and safe to stay each night? Yes \_\_\_ No \_\_\_

9. Do you have enough food to eat each day? Yes \_\_\_ No \_\_\_

10. Do you have family/friends to talk to when you have problems? Yes \_\_\_ No \_\_\_

11. Are you from this area? Yes \_\_\_ No \_\_\_

12. Do you have a lot of stress in your life right now? Yes \_\_\_ No \_\_\_

13. If you are having trouble coping, feel sad or angry most of the time, or have any other issues that you feel you need help with then please let us know. We have Community Health Workers just waiting for your call so they can help you. 😊