

Patient Questionnaire To Assess Resources



Name: _____ Phone: _____

- 1. Are you worried about your appointment today? Yes: ____ No: ____
- 2. How are you feeling about your diagnosis of tuberculosis?



Excellent



Very Good



Neutral



Fair



Poor

- 3. Has tuberculosis disease been explained to you? Yes: ____ No: ____
What questions do you have? _____

- 4. Do you have reliable transportation for your appointments? Yes: ____ No: ____
What? _____

If not, do you know someone that can help you with transportation? Yes: ____ No: ____

- 5. Are you worried about paying for gas when attending appointments? Yes: ____ No: ____

- 6. Do you have somewhere reliable and safe to stay each night? Yes: ____ No: ____

- 7. Do you ever go to bed hungry or are you worried where your next meal will come from? Are you worried your children / family don't have enough food? Yes: ____ No: ____

- 8. Do you have friends / family nearby? Yes: ____ No: ____

- 9. Can you talk to family/ friends/ therapist/ doctor/ nurse/religious leader when you have problems? Yes: ____ No: ____

- 10. Did you move here from elsewhere? Yes: ____ No: ____
If so, where/when? _____

- 11. What are the major sources of stress in your life right now? _____

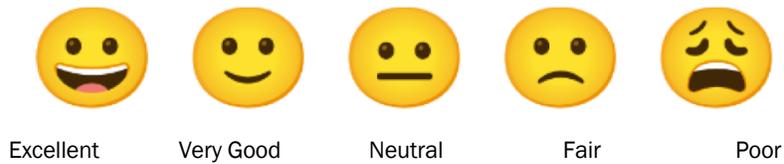
- 12. Are you ever afraid of being harmed by someone in your household or have you ever thought about hurting yourself? * Yes: ____ No: ____
Are there firearms in your home? Yes: ____ No: ____

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. 😊

14. How do you feel that you have been treated today?



15. How are you feeling about your diagnosis of tuberculosis now?



*LHJ Staff, follow local protocols if answer is yes.



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