



Upstream Risks Screening Tool

“Everyone deserves the opportunity to have a safe, healthy place to live, work, eat, sleep, learn and play. Problems or stress in these areas can affect health. We ask our patients about these issues because we may be able to help.”

Question	Response	For Staff only: Review	Referral Plan Complete?
What's your name?	_____ / _____ First Last		
What's your date of birth?	____ / ____ / ____ Day Month Year		
1a. What is the highest level of school you have completed? Check one.	<input type="checkbox"/> Elementary School <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Graduate / Professional School		
1b. What is the highest degree you earned? Check one.	<input type="checkbox"/> High school diploma <input type="checkbox"/> GED <input type="checkbox"/> Vocational certificate (post high school or GED) <input type="checkbox"/> Associate's degree (junior college) <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate		<input type="checkbox"/>
1c. Are you concerned about your child's learning, performance, or behavior in school?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not applicable		<input type="checkbox"/>
2. Choose one of the following. Which best describes your current occupation?	<input type="checkbox"/> Homemaker, not working outside the home <input type="checkbox"/> Employed (or self-employed) full time <input type="checkbox"/> Employed (or self-employed) part time <input type="checkbox"/> Employed, but on leave for health reasons <input type="checkbox"/> Employed but temporarily away from my job (other than health reasons)		<input type="checkbox"/>

	<input type="checkbox"/> Unemployed or laid off 6 months or less <input type="checkbox"/> Unemployed or laid off more than 6 months <input type="checkbox"/> Unemployed due to a disability <input type="checkbox"/> Retired from my usual occupation and not working <input type="checkbox"/> Retired from my usual occupation but working for pay <input type="checkbox"/> Retired from my usual occupation but volunteering		
3. What is your marital status? Check one.	<input type="checkbox"/> Married <input type="checkbox"/> Living with partner <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married		<input type="checkbox"/>
4a. In a typical week, how many times do you talk on the telephone with family, friends, or neighbors?	Number of times per week _____		<input type="checkbox"/>
4b. How often do you get together with friends or relatives?	Number of times per week _____		<input type="checkbox"/>
4c. How often do you attend religious or faith-based services?	Number of times per year _____		<input type="checkbox"/>
4d. How often do you attend meetings of the clubs or organizations you belong to?	Number of times per year _____		<input type="checkbox"/>
5a. On average, how many days per week do you engage in moderate to strenuous exercise (like walking fast, running, jogging, dancing, swimming, biking, or other activities that cause a light or heavy sweat)?	Days per week _____		<input type="checkbox"/>
5b. On average, how many minutes do you engage in exercise at this level? Check one.	Number of minutes <input type="checkbox"/> 0 <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30 <input type="checkbox"/> 40 <input type="checkbox"/> 60 <input type="checkbox"/> 90 <input type="checkbox"/> 120		<input type="checkbox"/>

	<input type="checkbox"/> 150 or greater		
6. Do you have concerns about any immigration matters for you or your family?	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/>
7a. Do you ever have problems making ends meet at the end of the month?	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/>
7b. How hard is it for you to pay for the very basics like food, housing, medical care, and heating? Would you say it is..	<input type="checkbox"/> Very hard <input type="checkbox"/> Somewhat hard <input type="checkbox"/> Not hard at all		<input type="checkbox"/>
8a. In the last month, have you slept outside, in a shelter, or in a place not meant for sleeping?	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/>
8b. In the last month, have you had concerns about the condition or quality of your housing?	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/>
8c. In the last 12 months, how many times have you or your family moved from one home to another?	Number of moves in past 12 months _____		<input type="checkbox"/>
9. Which of the following describes the amount of food your household has to eat: (Check one.)	<input type="checkbox"/> Enough to eat <input type="checkbox"/> Sometimes not enough to eat <input type="checkbox"/> Often not enough to eat		<input type="checkbox"/>
10a. How many pieces of fruit, of any sort, do you eat on a typical day?	Number of pieces/ day _____		<input type="checkbox"/>
10b. How many portions of vegetables, excluding potatoes, do you eat on a typical day?	Number of portions/ day _____		<input type="checkbox"/>
11. How often is it difficult to get transportation to or from your medical or follow-up appointments?	<input type="checkbox"/> Does not apply <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Always		<input type="checkbox"/>
12. Do you have any concerns about safety in your neighborhood?	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/>

13a. Within the last year, have you been humiliated or emotionally abused in other ways by your partner or ex-partner?	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/>
13b. Within the last year, have you been afraid of your partner or ex-partner?	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/>
13c. Within the last year, have you been raped or forced to have any kind of sexual activity by your partner or ex-partner?	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/>
13d. Within the last year, have you been kicked, hit, slapped, or otherwise physically hurt by your partner or ex-partner?	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/>
14. Stress means a situation in which a person feels tense, restless, nervous, or anxious, or is unable to sleep at night because his/her mind is troubled all the time. Do you feel this kind of stress these days?	<input type="checkbox"/> Not at all <input type="checkbox"/> A little bit <input type="checkbox"/> Somewhat <input type="checkbox"/> Quite a bit <input type="checkbox"/> Very much		<input type="checkbox"/>
15. Would you like help registering to vote?	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/>
For Staff only: Review answers		Reviewed by: _____ Date: _____	Total _____