

TRIP Project Social Needs Assessment

Often when a woman is receiving treatment for breast cancer, she needs assistance with other issues – like arranging for transportation, arranging care of another family member, or making sure that her housing situation is stable. I want to try to help make sure that you have the resources that you need to complete your treatment. I will ask you several questions to see if there are things that you may need some help with so that you can complete your treatment. This will help us select services that you want to help meet your needs. **I want to remind you that your answers to these questions will be kept private.**

General Info

Patient Registry ID *

First name *

Last name *

Phone Number *

Email Address*

Zip Code *

Identifying Needs

In the past 12 months, has lack of reliable transportation kept you from medical appointments, work or from getting things needed for daily living?

- Yes No Refused

Comments

In the last 12 months have you worried that your food would run out before you had the money to buy more?

- Often True Sometimes True Never True Refused No

Comments

In the last 12 months, did the food you bought just not last and you didn't have the money to get more?

- Often True Sometimes True Never True Refused No

Comments

Do you currently have trouble going out to shop for food or preparing food?

- Yes No Refused

Comments

What is your housing situation today?

- I have a steady place to live
- I have a place to live today but I am worried about losing it in the future
- I do not have a steady place to live (staying with others, in a hotel, in a shelter, in a car, living outside or on the street)
- Refused

Comments

How many times have you moved in the past 12 months?

- Zero Once Two or more times Refused

Date of Completed Assessment _____

Comments

Think about the place you live. Do you have problems with any of the following?

- Pests such as bugs, mice, rats
- Mold
- Lead paint or pipes
- Oven or stove not working
- Leaking or broken pipes, sinks or toilets
- Smoke detectors missing or not working
- Lack of heat
- None of the above

Comments

In the past 12 months, has the electric, gas, oil or water company threatened to shut off or shut off services to your home?

- Yes No Already shut off Refused

Comments

Do you have trouble paying for your treatment, including medicines, visits or tests?

- Yes No Refused

Comments

Do you have trouble paying for other things related to your treatment, like wigs or prostheses?

- Yes No Refused

Comments

Are you worried about taking time off from your job because of your health/ treatment?

- Yes No Not applicable/not employed

Comments

Do you plan to work during your treatment?

Date of Completed Assessment _____

Yes No Not applicable/not employed

Comments

Are you currently unemployed and looking for a job, or working but looking for a better job?

Yes No Not applicable

Comments

Are you interested in going to school or getting job training?

Yes No Refused

Comments

In the last 12 months, have you missed a health care visit or work because you needed to care for a child, family member or friend?

Yes No Refused

Comments

Do you currently have any legal concerns or needs (like to prevent eviction, being fired, or discrimination)?

Yes No Refused

Comments

In the past 12 months, has your phone service been shut off or disconnected?

Yes No Currently shut off Refused

Comments

How would the patient like to receive referrals that will address their social needs?

Text Email USPS Not/ applicable/ Refused