

Study ID: \_\_\_\_\_

Date of Visit: MM-DD-YYYY

Study Code (Patient's Initials): \_\_\_\_\_

Form Completed By:

Care Manager

Community Health Worker

CM/CHW Name: \_\_\_\_\_

## COVID-19 Patient Needs Assessment

1. Type of Visit

Phone

Video

In person

2. What have you heard about the novel coronavirus or COVID-19? *Please enter a summary of what the patient says.*

3. What concerns do you have related to the coronavirus? *Please enter a summary of what the patient says.*

4. Do you have an urgent need related to: *(if patient responds "yes" to an item, describe patient response in text box)*

4a. Medical concerns (Are you worried about anything related to your health?)

Examples of medical concerns include difficulty getting medicines, difficulty scheduling appointments, etc.)

Yes

No

**NOTE: CHWs should contact the CM about patients concerned about health/medical issues. The CM should follow-up with the patient about these concerns within 48 hours.**

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*If yes, please describe.*

**4b.** Housing instability (Are you worried about not having a place to live?)

Yes

No

*If yes, please describe.*

**4c.** Housing conditions (Are there issues with where you live that are unsafe or causing you to worry?)

Yes

No

*If yes, please describe.*

**4d.** Food insecurity (Do you have enough food in your home? Examples of questions to ask the patient include but are not limited to: Are you worried about affording food? Are you worried about buying food at the store?) Please check yes, if the patient expresses any food insecurity concerns.)

Yes

No

*If yes, please describe.*

**4e.** Transportation needs (Examples of questions to ask the patient include but are not limited to: Do you need transportation? Are you required to attend work? Do you have urgent medical/dental appointments? Are you able to get to the store for supplies and food?) Please check yes, if the patient expresses any transportation needs.

Yes

No

*If yes, please describe.*

**4f.** Utility needs (Do you have any needs related to electricity, water, gas, internet, etc.)? Please check yes, if the patient expresses any utility needs.

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- Yes             No

*If yes, please describe.*

**4g.** Employment (Examples of questions to ask the patient include but are not limited to: Have you been laid-off or furloughed? Are you concerned about being laid-off or furloughed?) Please check yes, if the patient expresses any employment needs.

- Yes             No

*If yes, please describe.*

**4h.** Interpersonal safety (Examples of questions to ask the patient include but are not limited to: Do you feel unsafe in your home? Is anyone physically hurting you?) Please check yes, if the patient expresses any interpersonal safety needs.

- Yes             No

*If yes, please describe.*

**4i.** Social/emotional support (Examples of questions to ask the patient include but are not limited to: Do you have someone you can talk to? Are you feeling alone or isolated?) Please check yes, if the patient expresses any social/emotional support needs.

- Yes             No

*Please describe.*

**4j.** Other needs?

- Yes             No

*Please describe.*

**4k.** The patient stated that they have no needs at this time.

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No needs