## Well Being *(PSH Only)*

### Client Perceives Their Life Has Value and Worth

- [ ] Strongly Agree
- [ ] Somewhat Agree
- [ ] Neither Agree nor Disagree
- [ ] Somewhat Disagree
- [ ] Strongly Disagree
- [ ] Client Refused
- [ ] Client Doesn’t Know
- [ ] Data Not Collected

### Client Perceives They Have Support From Others Who Will Listen to Problems

- [ ] Strongly Agree
- [ ] Somewhat Agree
- [ ] Neither Agree nor Disagree
- [ ] Somewhat Disagree
- [ ] Strongly Disagree
- [ ] Client Refused
- [ ] Client Doesn’t Know
- [ ] Data Not Collected

### Client Perceives They Have a Tendency to Bounce Back After Hard Times

- [ ] Strongly Agree
- [ ] Somewhat Agree
- [ ] Neither Agree nor Disagree
- [ ] Somewhat Disagree
- [ ] Strongly Disagree
- [ ] Client Refused
- [ ] Client Doesn’t Know
- [ ] Data Not Collected

### Client’s Frequency of Feeling Nervous, Tense, Worried, Frustrated, or Afraid

- [ ] Not at All
- [ ] Once a Month
- [ ] Several Times a Month
- [ ] Several Times a Week
- [ ] At Least Every Day
- [ ] Client Refused
- [ ] Client Doesn’t Know
- [ ] Data Not Collected
<table>
<thead>
<tr>
<th>General Health Status</th>
<th>(PSH Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Excellent</td>
<td></td>
</tr>
<tr>
<td>□ Very Good</td>
<td></td>
</tr>
<tr>
<td>□ Good</td>
<td></td>
</tr>
<tr>
<td>□ Fair</td>
<td></td>
</tr>
<tr>
<td>□ Poor</td>
<td></td>
</tr>
<tr>
<td>□ Client Refused</td>
<td></td>
</tr>
<tr>
<td>□ Client Doesn’t Know</td>
<td></td>
</tr>
<tr>
<td>□ Data Not Collected</td>
<td></td>
</tr>
</tbody>
</table>

If linked to a mental health agency please list:

______________________________________________________________

OR:

□ Not currently linked, but **NEEDS** linkage

□ Not currently linked, does **NOT** need linkage

<table>
<thead>
<tr>
<th>Pregnant</th>
<th>□ No</th>
<th>□ Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Due Date:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employment</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed</td>
<td></td>
</tr>
</tbody>
</table>

□ Yes

□ No

□ Data not collected

If Currently Employed, Select Tenure

□ Full-time

□ Part-time

□ Seasonal

□ Data not collected

If No, Why Not Employed

□ Looking for Work

□ Unable to Work

□ Not Looking for Work

□ Client refused

□ Client doesn’t know

□ Data not collected

<table>
<thead>
<tr>
<th>Last Grade Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highest Level of Education Attained</td>
</tr>
</tbody>
</table>

□ Less than Grade 5

□ Grades 5-6

□ Grades 7-8

□ Grades 9-11

□ 12th grade/High School Diploma

□ School program does not have grade levels

□ GED

□ Some College

□ Associate's Degree

□ Bachelor's Degree

□ Graduate Degree

□ Vocational Certification

□ Client doesn’t know

□ Client refused

□ Data not collected

<table>
<thead>
<tr>
<th>Received Vocational Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes</td>
</tr>
</tbody>
</table>

□ No

□ Client doesn’t know

□ Client refused

<table>
<thead>
<tr>
<th>Zip Code of Last Permanent Address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>General Area of Previous Residence</th>
</tr>
</thead>
</table>

□ Within Franklin County (Outside City-Columbus)

□ Outside Franklin County (Outside City-Columbus)

□ Outside of Ohio

□ Client Doesn’t Know
### Homeless Primary Reason
- Addiction
- Divorce
- Domestic Violence
- Evicted
- Family/Personal Illness
- Jail/Prison
- Lack of affordable housing
- Moved to seek work
- Natural Disaster
- Physical/mental disability
- Relationship problems
- Substandard housing
- Unable to pay rent/mortgage
- Unemployment
- Other

### Homeless Secondary Reason
- Addiction
- Divorce
- Domestic Violence
- Evicted
- Family/Personal Illness
- Jail/Prison
- Lack of affordable housing
- Moved to seek work
- Natural disaster
- Physical/mental disability
- Relationship Problems
- Substandard Housing
- Unable to pay rent/mortgage
- Unemployment
- Other
- No secondary reason for source of crisis

### COVID Vaccine Information

#### COVID Vaccine Received
- Fully vaccinated
- Not vaccinated
- Partially vaccinated
- Client doesn't know

#### Vaccine Brand Options
- Pfizer
- Johnson & Johnson
- Moderna

Date of 1st dose: 

Expected date of 2nd dose: 

Date of 2nd dose: 

Client Signature: ___________________________ Date: ___________________________