At CHA, we want to help you be healthy. You do not need to answer these questions, but answering them will help us take better care of you. Thank you!

Do you need help with any of the following, beyond what you already get? (check “✓” all that apply)

- Getting medical or diagnostic equipment (such as wheelchair, oxygen, walker, commode, shower chair, CPAP, braces, dressings).
- Getting services for eyesight problems (for example, finding low cost eye services or equipment like glasses or if you are blind, job training or getting government services).
- Getting services for hearing problems (for example, low cost hearing aides or if you are deaf, daily living support, interpreter services and case management).
- Dressing, feeding yourself, preparing meals, walking independently, going to the bathroom by yourself, or doing your own hygiene.
- (If you have a disability or are older) Cleaning and maintaining your home, managing money, preparing meals, shopping for food and necessities, taking your medications, or calling or connecting with people.

Check “✓” one answer for each question below:

Do you have any adults living with you who can help take care of you if you need it?  
- Yes  
- No

In general, how would you rate your health?  
- Excellent  
- Very Good  
- Good  
- Fair  
- Poor

- I do not want to answer these questions.