

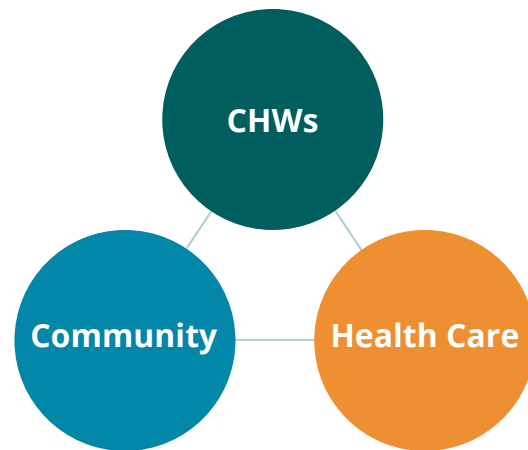
# Community Health Workers in Ohio

Key Facts from the 2018 Ohio Community Health Worker Statewide Assessment

## WHAT IS A COMMUNITY HEALTH WORKER?

*"A Community Health Worker (CHW) is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery" (American Public Health Association, 2018).*

## OHIO CHWs: A BRIDGE BETWEEN COMMUNITY AND HEALTH CARE



Share common traits with the community in terms of:

- Zip code
- Socioeconomic status
- Race/ethnicity
- Life experience

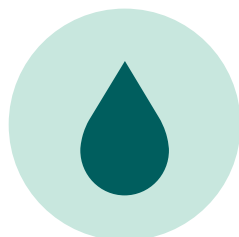
Often provide:

- Culturally appropriate health education
- Advocacy for clients
- Care coordination
- Direct health services
- Home visiting

## TOP 5 HEALTH CONDITIONS OHIO CHWs ADDRESS



Mental Health



Diabetes



High Blood Pressure

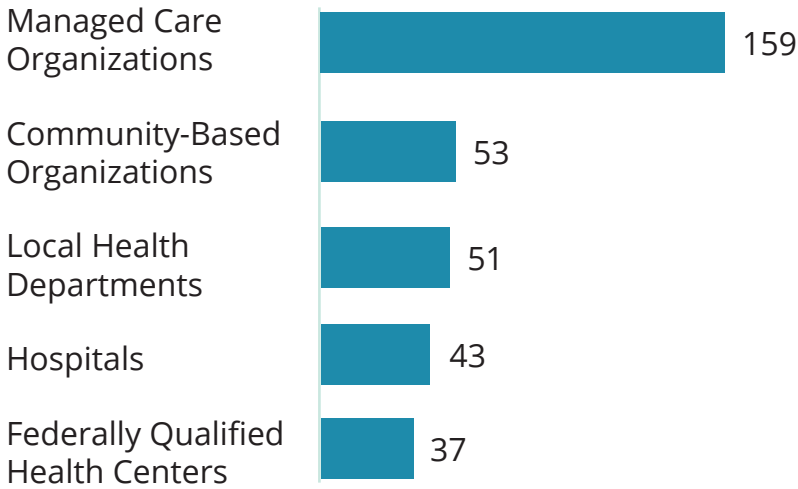


Asthma



Obesity

## WHERE DO MOST CHWs IN OHIO WORK?



## WHO DO CHWs IN OHIO SERVE?



Adult Males



Pregnant Women



Adult Females



Infants and Children

## OHIO CHWs BY THE NUMBERS

**850\***

Certified and non-certified

**94%**

Female

**46%**

African American

**44%**

Caucasian

**100%**

All Ohio Counties served

*\*The total number of CHWs reported is likely underestimated*

## WHAT CHWs WANT TO SUSTAIN THE PROFESSION IN OHIO

Clearly defined scope of practice in Ohio with possible title protection

An annual CHW conference to provide continuing education and professional development

A centralized source for CHW information on training, certification, continuing education, and employment opportunities

Have the CHW profession and role known by all providers and professionals in Ohio starting with provider training on the role of CHWs

Stronger advocacy for the CHW profession

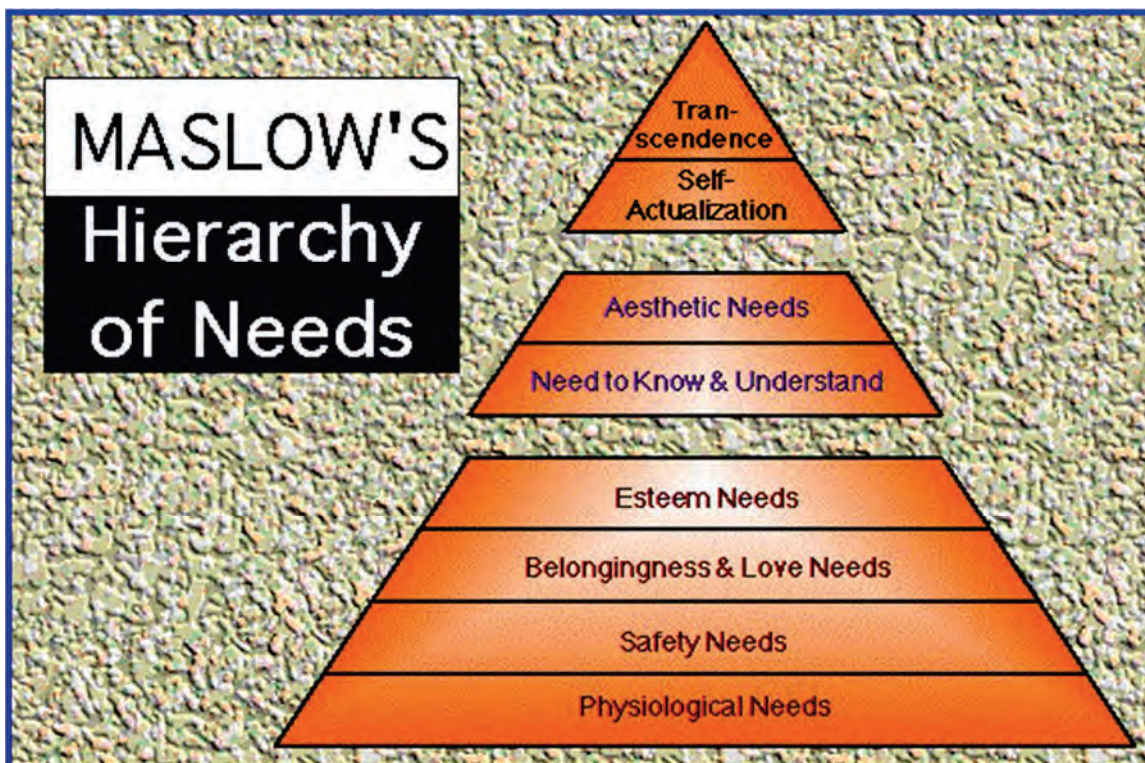


Find more information on the 2018 Community Health Worker Statewide Assessment at <http://grc.osu.edu/OhioCHWs>

The Ohio Department of Health (ODH) sponsored this assessment and contracted with the Ohio Colleges of Medicine Government Resource Center (GRC) to complete the assessment. This publication was made possible by grant number 5 NU58DP004826-05-00 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC.

Abraham Maslow (1954) attempted to synthesize a large body of research related to human motivation. Prior to [Maslow](#), researchers generally focused separately on such factors as biology, achievement, or power to explain what energizes, directs, and sustains human behavior. Maslow posited a hierarchy of human needs based on two groupings: deficiency needs and growth needs. Within the deficiency needs, each lower need must be met before moving to the next higher level. Once each of these needs has been satisfied, if at some future time a deficiency is detected, the individual will act to remove the deficiency. The first four levels are:

- 1) Physiological: hunger, thirst, bodily comforts, etc.;
- 2) Safety/security: out of danger;
- 3) Belongingness and Love: affiliate with others, be accepted; and
- 4) Esteem: to achieve, be competent, gain approval and recognition.



According to Maslow, an individual is ready to act upon the growth needs if and only if the deficiency needs are met. Maslow's initial conceptualization included only one growth need--self-actualization. Self-actualized people are characterized by: 1) being problem-focused; 2) incorporating an ongoing freshness of appreciation of life; 3) a concern about personal growth; and 4) the ability to have peak experiences. Maslow later differentiated the growth need of self-actualization, specifically identifying two of the first growth needs as part of the more general level of self-actualization (Maslow & Lowery, 1998) and one beyond the general level that focused on growth beyond that oriented towards self (Maslow, 1971). They are:

- 5) Cognitive: to know, to understand, and explore;
- 6) Aesthetic: symmetry, order, and beauty;
- 7) Self-actualization: to find self-fulfillment and realize one's potential; and
- 8) Self-transcendence: to connect to something beyond the ego or to help others find self-fulfillment and realize their potential.

Self-actualizing people are more aware of their environment, both human and nonhuman. They are not afraid of the unknown and can tolerate the doubt and uncertainty, accompanying the perception of the new and unfamiliar. Also, they are not self-centered, but focus on problems outside of themselves. With compassion, they are mission focused, with a sense of responsibility, duty and obligation to the good of all. Maslow's basic position is that as one becomes more self-actualized and self-transcendent, one becomes more wise (develops wisdom) and automatically knows what to do in a wide variety of situations. Daniels (2001) suggested that Maslow's ultimate conclusion that the highest levels of self-actualization are transcendent in their nature may be one of his most important contributions to the study of human behavior and motivation.

Huitt, W. (2007). Maslow's hierarchy of needs. *Educational Psychology Interactive*. Valdosta, GA: Valdosta State University. Retrieved [8/2/2016] from, <http://www.edpsycinteractive.org/topics/regsys/maslow.html>

## Professional Boundaries Emotional Dynamics of Helping

### What are professional boundaries?

Definition: Professional boundaries are clearly established limits that allow for safe connections between service providers and their clients.

It means:

- a. Being *friendly* with your client, not being *friends* with your client
- b. Being present to the client, but not taking on the client's responsibilities
- c. Having a clear understanding of your responsibilities and the limits of your role as a provider

### The importance of boundaries:

- Maintaining your own safety, physically and emotionally
- Not being the "rescuer"
- Being a role model to the client for healthy relationships
- Avoiding "burnout" or compassion fatigue
- Keeping yourself focused on your responsibilities to the client
- If you are working with other service providers or agencies, boundaries are important in maintaining a healthy functioning team

### What can happen if your boundaries break down?

- The reputation of the CHW and/or their agency can be hurt
- The CHW and/or their client may be emotionally upset or even put in physical danger
- Your client can feel abandoned, betrayed, or poorly served



# *CHW 100*

## *Boundaries and Burnout*



# ***Professional Boundaries***

- Clearly established limits that allow for safe connections between service providers and their clients





# Establishing Boundaries

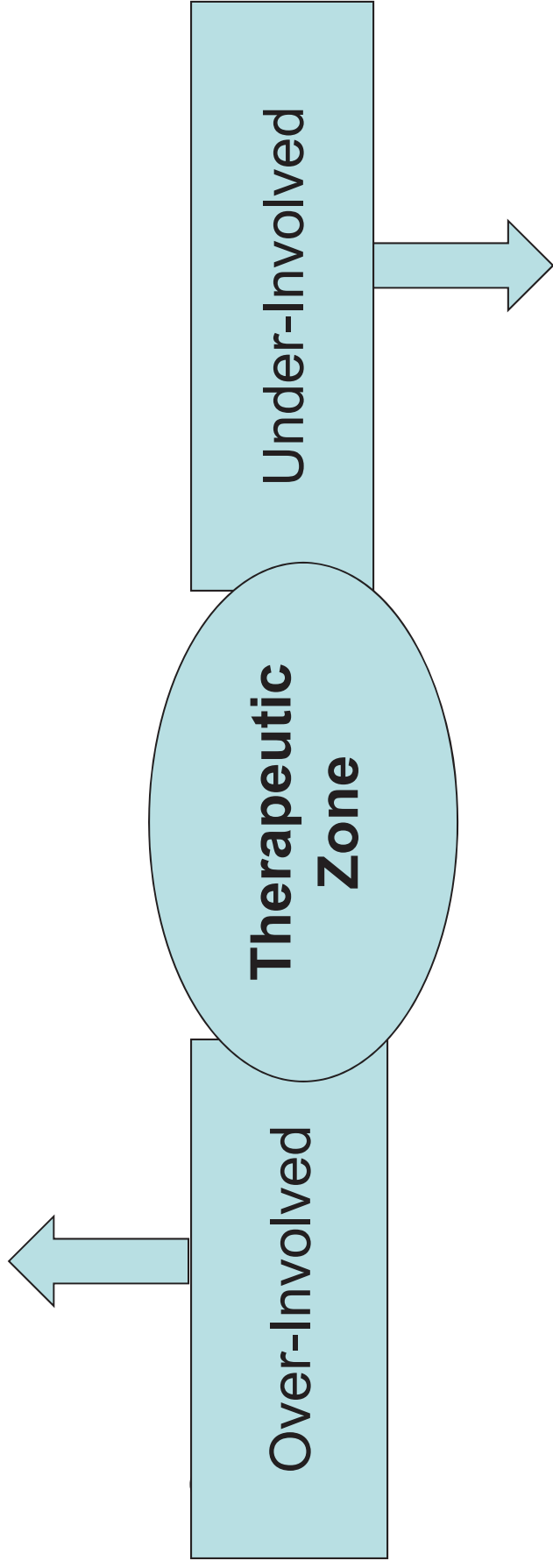
*It's best to establish clear boundaries early in the relationship with the client*

- ✓ *State what your role is, and the services that you will be providing*
- ✓ *Check to ensure that your client understands your role and responsibilities*
- ✓ *Be firm and restate your responsibilities if you need to*

## If boundaries aren't maintained...

- The client may feel abandoned, betrayed or poorly served
- The reputation of the CHW or agency can be damaged
- The CHW can experience stress and burnout

# Healthy Relationship



# Crossing Boundaries

- Sharing personal information
- Using nicknames/endearments
- Unprofessional touch
- Accepting gifts/favors/tips
- Over-involvement/scheduled time
- Attraction/relationships
- Not seeing behavior as symptomatic
- Other ideas?

# Examples of boundary crossing

- Using your professional boundaries  
handout, listen to the scenario and  
determine which type of boundary has  
been crossed.

# What happens when you cross boundaries?

- Burnout- Response to excessive demands on the energy, strength, and resources of the caregiving individual
- Compassion fatigue- A natural consequence of repeatedly caring for others who have difficult situations or have experienced trauma

# Signs and Symptoms

- Chronic fatigue
- Anger
- Difficulty sleeping
- Withdrawal from activities
- Headaches or gastrointestinal problems
- Anxiety
- Feelings of helplessness

# How Stress Affects the Body

- Brain- fatigue, aches and pains (especially headaches), depression, sleep disturbance
- Gastrointestinal tract- Ulcers, nausea, cramps, diarrhea, irritable bowel syndrome
- Cardiovascular- High blood pressure, abnormal heart rhythm, stroke, heart attack
- Skin- Rashes, itching
- Immune system- Decreased resistance to infections (frequent colds, flu, viral infections)



## *How to avoid it...*

- Identify what types of stress you are already dealing with (self-realization)
- Are you a person who is “stress-hardy”, or is it difficult for you to deal with much stress? (self-knowledge)
- Take care of yourself! (self-care)

*Make your own self-care recipe...*

**Recipe**

Dish: \_\_\_\_\_ Serves: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

## *What if that doesn't work?*

- Talk to your supervisor; explain the situation and how it is affecting your life at work AND at home
- Don't be afraid to ask for help! It could be as simple as having a friend who is a good listener, or you may need to speak with a professional counselor who can help you deal with your feelings.
- Don't just "do nothing"!

# How **stressed** are you?

- This stress scale is just to give you an idea about the stress value of changes that may have happened in the past year.
- You do not have to share this with anyone; it is just a tool to give you an estimate. Everyone deals differently with stress; if your score is a little high but you don't feel especially stressed, that's OK!

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# STRESS MANAGEMENT

**POCKET PAL**

## 20 WAYS TO MANAGE STRESS

1. Think positively and surround yourself by others who think the same.
2. Avoid the trap of demanding too much of yourself. Get help if tasks are too big for you.
3. Accept that you can't control every situation and learn to be flexible.
4. At the start of each day, write down your list of things to do, then set reasonable priorities.
5. Divide big tasks into smaller, more manageable ones.
6. Eat a well-balanced diet, full of whole grains, fruits, and vegetables. Limit sugar.
7. Get plenty of sleep each night.
8. Include moderate exercise into each day to boost your energy level and improve your mood.
9. Make time for relaxation. Try listening to soothing music, meditating, gardening, playing with a pet, reading a good book, or doing whatever helps you relax.
10. Avoid tobacco, alcohol, and drugs. They only make matters worse.

11. Use mistakes and setbacks as opportunities to learn.
12. If possible, say "NO" to tasks that you know will be stressful for you.
13. Confide in at least one friend, and share your disappointments, as well as achievements, with him or her. Talk things out so that minor frustrations don't build up.
14. Be ready to admit when you are wrong.
15. Eliminate everyday sources of stress such as loud music playing or clutter in your surroundings.
16. Laugh! Look for the humor in life and take time to have fun.
17. Remember, it's OK to cry.
18. Practice deep breathing. Get in a comfortable position. Take in a slow, deep breath through your nose to the count of 5. Hold your breath for another 5 count. Then exhale through your mouth to the count of 5.
19. Prolonged sitting contributes to stress, so add activity to your daily routine by doing such simple things as taking the stairs instead of the elevator, standing or walking while on the telephone, etc.
20. Make anti-stress stretches a part of your day.

## WHAT IS STRESS?

Everybody experiences stress. It's the body's natural reaction to tension, pressure, and change. And a certain amount of stress helps to make life more challenging and less boring. However, too much stress can be bad for you — both physically and mentally. Prolonged, unrelieved stress can lead to accidental injury, as well as to serious illness. For the sake of your health, safety, and happiness, it's important to recognize and manage stress before it gets the best of you.

## RECOGNIZE THE SIGNS OF STRESS

- Headaches
  - Upset stomach
  - Feeling of being "uptight"
  - Anxiety
  - Irritability
  - Diarrhea
  - Lack of energy
  - Loss of hope
  - Poor concentration
  - Overeating or skipping meals
  - Frequent colds
  - Panic attacks
  - Anger
  - Feeling of powerlessness
  - Forgetfulness
  - Indigestion
  - Muscle tension or soreness
  - Grinding or gritting teeth
  - Inability to make decisions
  - Sadness or lack of interest
  - Inability to sleep, sleepiness, or oversleeping
  - New or increased use of tobacco products, alcohol, or other drugs
- Many of these complaints can be caused by medical conditions, but often they are the body's and mind's reaction to poorly managed stress. See other side for ways to keep stress under control in your everyday life.

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## SIX ANTI-STRESS STRETCHES



### FINGER FAN:

Extend your arms straight in front of you with palms up. Spread your fingers as far apart as possible. Hold for 5 seconds.

### UPPER BACK STRETCH:

Sit up straight with your fingers interlaced behind your head. Keeping your shoulders down, lift your chest and bring your elbows back as far as you can. Hold for 10 seconds.



### EAR TO SHOULDER:

Lower your right ear to your right shoulder. Hold for 10 seconds. Repeat on the other side.



### OVERHEAD REACH:

Raise your arms over head and interlace your fingers with palms facing up. Keeping your shoulders down, stretch upwards. Hold for 20 seconds.



### KNEE PULL:

While seated, bring one knee up toward your chest as high as possible. Hold with both hands for 10 seconds. Repeat for other knee.



### WAIST BEND:

Reach arms over head with fingers laced together. Facing forward with shoulders down, bend to one side from the waist. Hold for 20 seconds. Repeat to other side.

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# Motivational Interviewing Tip Sheet

## Motivational Interviewing Spirit:

- Patient is also an expert
- Meet the patient where they are
- Express Empathy
- Evoke patient's own motivations to change.

## Five General Principles of Motivational Interviewing:

- Express empathy
- Develop discrepancy
- Avoid argumentation
- Roll with resistance
- Support self-efficacy

## Assumptions to Avoid:

1. This person OUGHT to change
2. This person WANTS to change
3. This person's health is the prime motivating factor for him/her
4. If he or she does not decide to change, the consultation has failed
5. Individuals are either motivated to change, or they're not
6. Now is the right time to consider change
7. A tough approach is always best
8. I'm the expert. He or she must follow my advice

## Strategies for Handling Resistance:

Simple Reflection: simple acknowledgement of the client's statement

Double-sided Reflection: acknowledge what the client has said and add to it the other side of the client's ambivalence

Clarification: verify your understanding matches the client's perspective

Shifting Focus: shift the client's attention away from what seems to be a stumbling block

Emphasizing Autonomy: assure person that in the end, it is the client who determines what happens

## Negotiating a Plan:

1. Set Specific (short-term) Goals
2. Consider Your Options
  - Discuss with the individual the different choices are for approaches to making changes
  - Try to match the individual to the optimal behavior change strategy

Mid-Atlantic Addiction Technology Transfer Center, Motivational Interviewing Website ([motivationalinterview.org](http://motivationalinterview.org))

- Recognize that the person may not choose the "right" strategy
  - Prepare the individual for this possibility
3. Establish a Plan
  - Goals/Strategies/Tactics

- Summarize the plan with the patient
- Make sure to assess if the person is now ready to commit to the plan.

<h1>OARS</h1>	Open Questions	<ul style="list-style-type: none"> <li>• -Evocative and inviting</li> <li>• -Can't be answered with "yes" or "no"</li> <li>• -Probing (rely on your curiosity)             <ul style="list-style-type: none"> <li>○ "Explain"</li> <li>○ "Tell me about"</li> <li>○ "Say more about"</li> <li>○ "Clarify"</li> <li>○ "How or what" vs. "are, do, did and could"</li> </ul> </li> </ul>
	Affirmations	<ul style="list-style-type: none"> <li>• Recognizes and reinforces success</li> <li>• Offers perspective in face of difficulties</li> <li>• Expresses optimism</li> <li>• Sees any progress as progress             <ul style="list-style-type: none"> <li>○ You + (action) + (character strength)</li> <li>○ <u>You've</u> tried hard this week although it didn't always work out, it shows you are dedicated to your health.</li> </ul> </li> </ul>
	Reflections	<ul style="list-style-type: none"> <li>• Mirrors what patient is saying</li> <li>• States what the patient is meaning</li> <li>• Shows collaboration and equity</li> <li>• Should be done frequently – try to offer two reflections for every question you ask             <ul style="list-style-type: none"> <li>○ You are...</li> <li>○ You feel...</li> <li>○ Through your eyes...</li> <li>○ Sounds like...</li> </ul> </li> </ul>
	Summaries	<ul style="list-style-type: none"> <li>• Let's patient know you're listening</li> <li>• Pulls together and links relevant information</li> <li>• Allows patients to hear their own motivations and ambivalence</li> <li>• Helps to clarify any disordered communication</li> <li>• Helps to bridge and transition between topics</li> <li>• Focuses on priority content and feelings</li> </ul>



## The Brief Action Planning Guide

### A Self-Management Support Tool for Chronic Conditions, Health, and Well-being

8 Aug 2016

Brief Action Planning is structured around 3 core questions, below. Depending on the response, other follow-up questions may be asked. If at any point in the interview, it looks like it may not be possible to create an action plan, offer to return to it in a future interaction. Checking on the plan is addressed on page 2. Question #1 of Brief Action Planning is introduced in interactions after rapport has been established.

1. Ask Question #1 to elicit ideas for change. "Situation" may be substituted when appropriate.  
***"Is there anything you would like to do for your health in the next week or two?"***
  - a. If an idea is shared and permission received, help the person make the plan SMART - Specific, Measurable, Achievable, Relevant and Timed. You may need to explain what a plan is.  
***"Many people find it useful to get very specific about their plan. Would that work for you?"***  
With permission, complete as many details as are welcomed or helpful.  
***"What?"*** (type of activity, specific behavior or action; consider giving an example or examples if useful.)  
***"When?"*** (time of day, day of week)  
***"Where?"***  
***"How often/long/much?"*** (often: once, three times, five times; long: minutes, days; much: servings, meals)  
***"When would you like to start?"***
  - b. For individuals who want or need suggestions, offer a behavioral menu.
    - i. First ask permission to share ideas.  
***"Would you like me to share some ideas that others have used or that might fit for your situation?"***
    - ii. Then share two to three ideas ALL AT ONCE. The ideas are relevant to their goal, not too specific, and varied. Use the last idea to prompt one of their own.  
***"Some things you might try are \_\_\_\_\_, \_\_\_\_\_ or maybe you have an idea of your own that occurs to you now."***
    - iii. Then ask what they want to do.  
***"Do any of these ideas work for you?"***
    - iv. If an idea is chosen, with permission, specify the details in order to make the plan SMART (1a above).
  - c. After the individual has made a specific plan, elicit a commitment statement.  
***"Just to make sure we both understand the details of your plan, would you mind putting it together and saying it out loud?"***
2. Ask Question #2 to evaluate confidence. The word "sure" can be substituted for the word "confident." Words, gestures, images or analogies (such as climbing a mountain) can be substituted for numbers. Scaling confidence without numbers often requires judgment. Use non-verbal cues and clarifying questions as needed to make an assessment about whether or not the person may or may not benefit from further problem-solving.  
***"I wonder how confident you feel about carrying out your plan. Considering a scale of 0 to 10, where '0' means you are not at all confident or sure and '10' means you are very confident or very sure, how confident are you about completing your plan?"***
  - a. If confidence level is greater than or equal to 7, go to Question #3 below.  
***"That's great. It sounds like a good plan for you."***
  - b. If confidence level is less than 7, problem solve to overcome barriers or adjust the plan. Explain the reason to boost confidence.  
***"5 is great. That's a lot higher than 0, and shows a lot of interest and commitment. We know that when confidence is a 7 or more, people are more likely to complete their plan. Do you have any ideas about what might raise your confidence to a 7 or more?"***
  - c. If they do not have any ideas to modify the plan, ask if they would like suggestions.  
***"Would you like to hear some ideas that might raise your confidence?"***
  - d. If the response is "yes," provide two or three ideas (behavioral menu). Often the following menu applies:  
***"Sometimes people cut back on their plan, change their plan, make a new plan or decide not to make a plan. Do you think any of these work for you or is there an idea of your own?"***
  - e. If the plan is altered, repeat step 1c and Question #2 as needed to evaluate confidence with the new plan.

[www.centreCMI.ca](http://www.centreCMI.ca)

3. Ask Question #3 to arrange follow-up or accountability.  
***“Would it be useful to set up a check on how it is going with your plan?”***

If they want to check, make the follow-up plan specific as to day, time and method (with themselves, with another via phone, email, in person, etc.)

#### Checking on Brief Action Planning

1. First ask, ***“How did it go with your plan?”***
  - a. If they completed their plan, recognize (affirm) their success.
  - b. If the plan was partially completed, recognize (affirm) partial completion.
  - c. If they did not try to do their plan, say, ***“This is something that is quite common when people try something new.”***
2. Then ask, ***“What would you like to do next?”***
  - a. If the person wants to make a new plan, follow the steps on page 1. Use problem solving and a behavioral menu when needed.
  - b. They may want to talk about what they learned from their action plan. Reinforce learning and adapting the plan.
  - c. If the person does not want to make another action plan at this time, offer to return to action planning in the future.

#### The Spirit of Motivational Interviewing

The Spirit of Motivational Interviewing underlies Brief Action Planning.

- **Compassion:** Caring about what is important to another person and feeling moved to help.
- **Acceptance:** Respecting another person and their right to change or not change.
- **Partnership:** Working together with another person and recognizing them as equal.
- **Evocation:** Bringing out another’s ideas, strengths, and knowledge about the situation and themselves. This can include encouraging to explore.

Adapted from Miller W, Rollnick S. Motivational Interviewing: Preparing People for Change, 3ed. 2012.

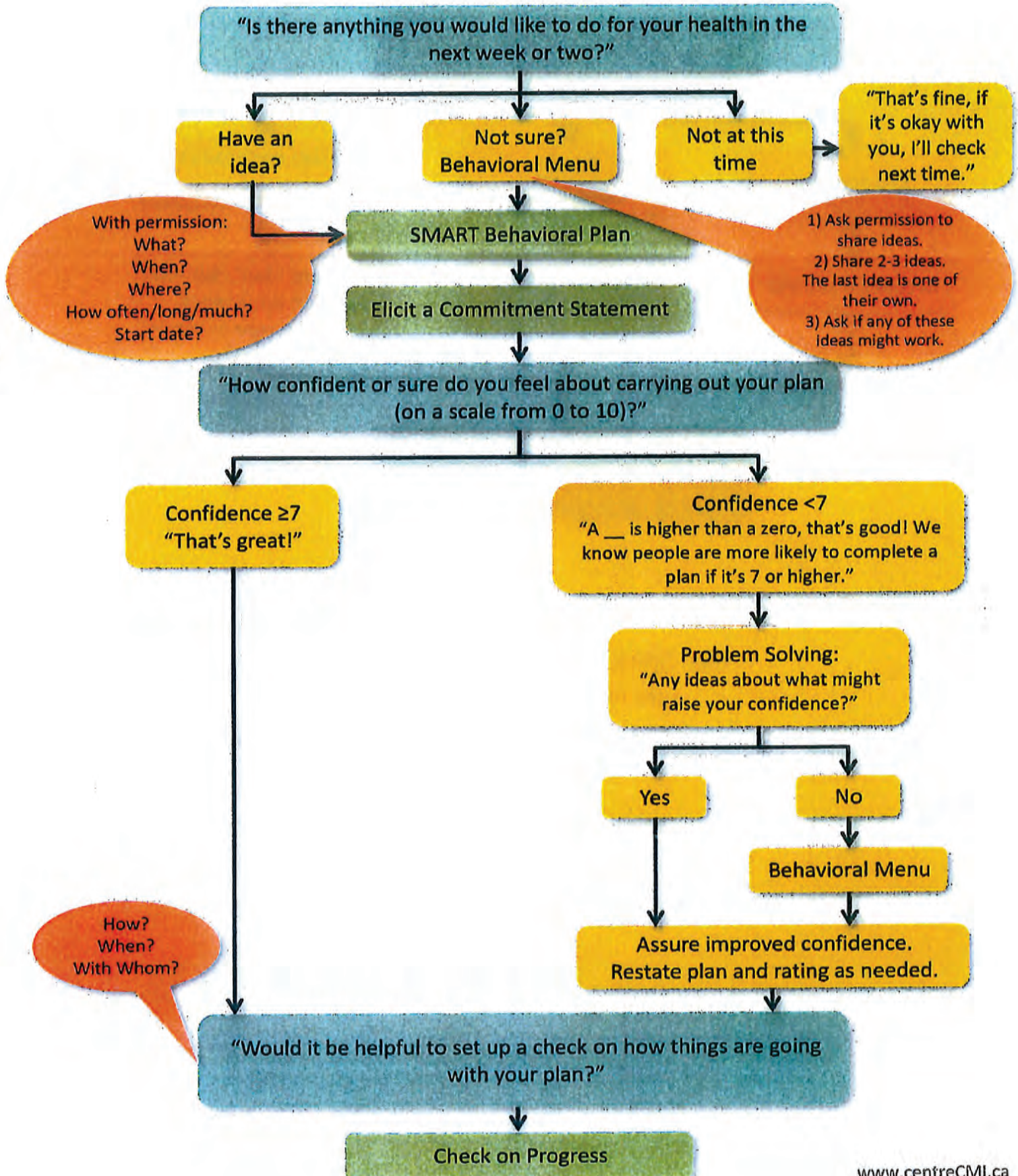
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*Brief Action Planning was developed by Steven Cole, Damara Gutnick, Kathy Reims and Connie Davis.*

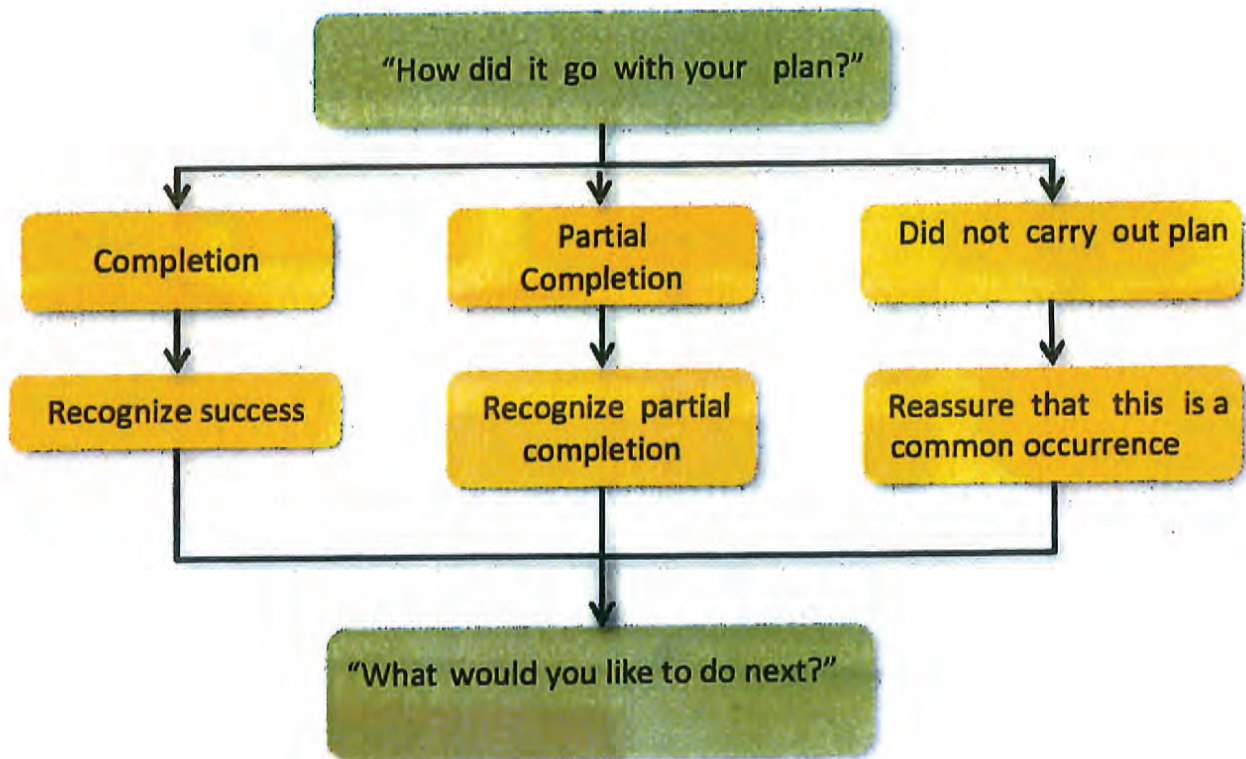
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# Brief Action Planning Flow Chart

Developed by Steven Cole, Damara Gutnick,  
Connie Davis, Kathy Reims



## Checking on the Brief Action Plan



## The Spirit of Motivational Interviewing is the foundation of Brief Action Planning

Adapted from Miller W, Rollnick S. *Motivational Interviewing: Preparing People for Change*, 3ed. 2012.  
[www.centreCMI.ca](http://www.centreCMI.ca) 8 Aug 2016

**SAMPLE INITIAL ADULT CHECKLIST**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Visit Date: \_\_\_\_\_ Start: \_\_\_\_\_ End: \_\_\_\_\_ Total Time: \_\_\_\_\_

Visit Location: Home Friend or family member's home Agency office Doctor's office/clinic School  
Employment Community center Other: \_\_\_\_\_

**Yes/No Client Information**

1. Do you live alone? If no, lives with (check all that applies): spouse significant other children  
parents other: \_\_\_\_\_
2. Do you have concerns about your housing situation? If yes, describe concerns:  
\_\_\_\_\_
3. Do you have problems providing transportation for you or your family?
4. Do you need help with child/adult dependent care?
5. Do you have any problems providing: housing food clothing, utilities other: \_\_\_\_\_
6. Do you have any legal issues that need to be resolved? If yes, check all that apply: children (custody,  
child support, adoption, etc.) collections (medical debt, loans, etc.) criminal charges (assault, drugs,  
DUI, etc.) divorce landlord-tenant issues (rent, eviction, repairs, etc.) traffic violations  
other: \_\_\_\_\_
7. Have you been in prison or jail? If yes, has it been within the past 12 months? Are you currently on  
probation or parole? Probation/Parole Officer: \_\_\_\_\_
8. Have you been involved with Children/Adult Protective Services? If yes - Do you have an active case?  
Caseworker \_\_\_\_\_
9. Are you on SSI (supplemental security income)? If yes, describe: \_\_\_\_\_
10. Do you need help in getting an identification card? (government-issued ID or driver's license)
11. Have you had a family crisis in the past year? If yes, check all that apply to your family: death major  
physical illness major behavioral health illness major accident jail/prison loss of home  
financial difficulties loss of relationship substance abuse issues other: \_\_\_\_\_

**YES/NO General Health**

1. How do you rate your health? Excellent Very good Good Fair Poor
2. Do you need health insurance for yourself? Do you need a family doctor? If no: Family doctor's name:  
\_\_\_\_\_ Practice name: \_\_\_\_\_
3. How many Emergency Department visits have you had in the past year? How many times have you been  
admitted to the hospital in the past year?
4. Describe the reasons for the above visits: \_\_\_\_\_  
\_\_\_\_\_
5. Have you ever been diagnosed with a mental health condition? ADHD Anxiety Bipolar Depression  
Schizophrenia Other \_\_\_\_\_
6. Allergies: \_\_\_\_\_
7. Date of last flu shot: \_\_\_\_\_ Date of last tetanus/diphtheria (Td) booster: \_\_\_\_\_ Date  
of pneumonia shot (over 60): \_\_\_\_\_
8. Are you currently being treated for any of the following conditions? infections recent surgery (within  
last 3 months) injury \_\_\_\_\_
9. Do you have any chronic health conditions?

**Safety and Emotional Health**

1. Are you using tobacco products? \_\_\_\_\_
2. Does anyone smoke in your home?
3. Are you drinking alcohol? \_\_\_\_\_
4. Are you using other substances? \_\_\_\_\_
5. Are you stressed?
6. Over the past month, have you often had little interest or pleasure in doing things?
7. Over the past month, have you often been bothered by feeling down, depressed, or hopeless?
8. Have you experienced emotional, verbal, sexual, or physical abuse? Describe:  
\_\_\_\_\_
9. Does your home have a working smoke detector?
10. Are there any safety concerns in the home? Describe: \_\_\_\_\_
11. Is there a gun in the home? (If "yes") Is the gun locked?
12. List all other agencies that you are working with now: