Section 1: Health Status

1. How do you rate your health?
   □ Excellent
   □ Good
   □ Fair
   □ Poor

2. Why are you here today?
   □ Screening
   □ Follow-up on Abnormal Screening
   □ Cancer Treatment
   □ Follow-up on Cancer Treatment
   □ Other (please specify) ___________________________________________

3. What is your diagnosis? __________________________________________

   For Research Use Only:
   □ AIDS Malignancy
   □ Amyloidosis
   □ Breast
   □ Gastrointestinal
   □ Gynecological
   □ Head and Neck
   □ Multiple Myeloma
   □ Leukemia
   □ Genitourinary
   □ Lung
   □ Head and Neck
   □ Melanoma
   □ Brain
   □ Lymphoma
   □ Other

4. When were you diagnosed?
   □ <3 months
   □ 3-6 months ago
   □ 7-12 months ago
   □ > 1 year ago

Section 2: DEMOGRAPHIC INFORMATION

5. How old are you? ______

6. Sex: □ Female □ Male □ Transgender

7. Which of the following best describes you? (Check all that apply)
   □ Hispanic/Latino
   □ American Indian/Alaska Native
   □ White
   □ Unknown
   □ Asian
   □ Native Hawaiian or Other Pacific Islander
   □ Black or African American
   □ Other (please specify) __________________________

8. In what country were you born? ________________________________

9. What other languages do you speak? ______________________________

10. Education: (Check highest education completed)
    □ Grade School (Primary School)
    □ High School (Secondary School)
    □ College (University)
    □ Graduate School (Professional School)
11. **Marital Status**: (Check one)  
   - □ Single  
   - □ Partnered  
   - □ Married  
   - □ Divorced  
   - □ Separated  
   - □ Widowed

12. **What is your annual household income?** (Check one)  
   - □ < $10,000  
   - □ $10,000-19,999  
   - □ $20,000-49,999  
   - □ $50,000-$99,999  
   - □ > $100,000

13. **Do you have a primary care physician? If yes, where?**  
   - □ Yes, at Boston Medical Center.  
   - □ Yes, at a Community Health Clinic.  
   - □ Yes, Other  
   - □ No, I do not have a primary care physician.

14. **How many adults (age 21+), including you, live in your home right now?** ________

15. **How many children (ages 0-20) live in your home right now?** ____________

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### Section 3: MEDICAL AND LEGAL NEEDS

16. For the following questions please check off only one answer. Your responses will be kept confidential.

<table>
<thead>
<tr>
<th>In the last month, have you been concerned about the following….</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>a)…the safety or condition of your housing?</td>
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<tr>
<td>b)…the cost of your housing?</td>
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<tr>
<td>c)…being evicted or unable to pay your mortgage?</td>
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<tr>
<td>d)…being discriminated against in your housing search?</td>
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<tr>
<td>e)…being able to find housing in a safe neighborhood?</td>
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<tr>
<td>f)…getting government benefits and services for your family?</td>
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<tr>
<td>g)…having enough money to pay for your basic expenses?</td>
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<tr>
<td>h)…finances (credit, bankruptcy, taxes, auto/housing insurance &amp; medical expenses?</td>
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<tr>
<td>i)…being able to pay utility bills (electric &amp; heating)?</td>
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<tr>
<td>j)…having enough food (including any special needs) to eat?</td>
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<tr>
<td>k)…employment?</td>
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<tr>
<td>l)…your family’s immigration status?</td>
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<tr>
<td>m)…your children’s education?</td>
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<tr>
<td>n)…your children’s safety when at school?</td>
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</tbody>
</table>
In the last month, have you been concerned about the following….

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>o)…finding affordable and reliable childcare?</td>
<td></td>
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<td></td>
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<tr>
<td>p)…having health insurance for your or your family members?</td>
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<tr>
<td>q)…family safety?</td>
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<tr>
<td>r)…family violence?</td>
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<tr>
<td>s)…dealing with a new illness or injury?</td>
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<tr>
<td>t)...being able to afford prescription drugs and other medical expenses?</td>
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<td>u)...applying for or receiving disability benefits?</td>
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<tr>
<td>v)...making decisions for your future if you become ill or injured?</td>
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<td>w)...care for elderly or disabled relatives?</td>
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<tr>
<td>x)...problems with police, jail or criminal justice system?</td>
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</tbody>
</table>

17. Have any of these legal needs impacted your health? If yes, please describe.
   (1)□ Yes
   (2)□ No

18. Have you spoken with a health care provider about any of these legal needs? If yes, please describe.
   (1)□ Yes
   (2)□ No

19. Have you made use of any of the following? (Check all that apply)
   (1)□ Social worker
   (2)□ Legal aid services at the hospital
   (3)□ Legal aid services outside of the hospital
   (4)□ Patient advocate
   (5)□ Other
   (6)□ None of the above

20. Does anyone in your family receive government benefits including food stamps, WIC, welfare (TAFDC), emergency assistance (EAEDC), SSI/SSDI, military benefits, or unemployment? If yes, please describe.
   (1)□ Yes
   (2)□ No

21. Which of the following best describes your housing situation? (Check one)
   (1)□ Homeless
   (2)□ Adult Emergency Shelter
   (3)□ Renting an apartment at market-rent cost
   (4)□ Renting room in a home or boarding house
   (5)□ Family Shelter
   (6)□ Public Housing (projects or Section 8)
   (7)□ Own Home
   (8)□ Other
22. **How do you pay for your health care?** (Check all that apply)
   (1) □ Private insurance (e.g. Blue Cross, Tufts, Harvard Pilgrim, Commonwealth Choice)
   (2) □ Health safety net (formerly “free care”)/MassHealth Limited
   (3) □ MassHealth (NOT MassHealth Limited)
   (4) □ Commonwealth Care or Celtic Care
   (5) □ Medicare
   (6) □ I have no health insurance.
   (7) □ Other (please specify)_________________
   (8) □ Unknown

23. Approximately how much money do you or your family spend on average on medical coverage (including monthly premiums and out-of-pocket costs) per year?
   (1) □ less than 50 dollars
   (2) □ between 50 and 99 dollars
   (3) □ between 100 and 499 dollars
   (4) □ between 500 and 999 dollars
   (5) □ over 1000 dollars
   (6) □ other
   (7) □ unknown

24. **Have you been denied medical insurance coverage?** If yes, please describe.
   (1) □ Yes
   (2) □ No

25. **Have you had any problems with communication around medical treatment and appointments?** Please explain: (Mail / Phone?)
   (1) □ Yes
   (2) □ No

26. **For the following questions please check off only one answer.** Your responses will be kept confidential.

<table>
<thead>
<tr>
<th>In the last month, how often have you….</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Most of the time</th>
<th>All of the time</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>a)...felt that you were unable to control the important things in your life?</td>
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<td>b)...felt confident about your ability to handle your personal problems?</td>
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<tr>
<td>c)...felt that things were going your way?</td>
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<tr>
<td>d)...felt difficulties were piling up so high that you could not overcome them?</td>
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</tbody>
</table>

**Thank you very much for your cooperation!**