

Single page screener of health and social needs

Service provider administered

Purpose: to assist service providers to screen for consumer's needs.

Consumer

Name:

Date of Birth: dd/mm/yyyy / /

Sex:

UR Number:

or affix label here

Suggested introduction for consumers

The purpose of these questions is to help us get to know you and provide you with the best possible service.

Your participation in answering these questions is voluntary and we treat your information in the strictest confidence, in accordance with privacy legislation.

If you would like to proceed, we will read out several questions about the kinds of things that may be problems/issues for people.

Please answer 'yes' or 'no' to each question.

If you answer 'yes' to a question we will then ask you whether you would like to discuss it further.

Before we start the questions, may I ask you: what is the main reason you are seeking assistance today?

Questions	Is this an issue? Code: <input type="checkbox"/>	Would you like to discuss this? Code: <input type="checkbox"/>	If yes, consider completing optional SCTT templates as relevant including those listed below <i>For items marked with an asterisks (*) refer to SCTT 2012 User Guide for more information</i>
Do you have difficulty with daily tasks (such as getting dressed, showering or preparing meals)?			<i>Need for assistance with activities of daily living Care relationship, family and social network</i>
Have you been told by a doctor or other health professional that you have a health condition (eg breathing problems, a cancer, heart problems, chronic kidney disease, diabetes, high blood pressure, arthritis, osteoporosis or other condition)?			<i>Health and chronic conditions</i>
Have you recently had problems with your teeth, mouth, gums or dentures?			<i>Health and chronic conditions</i>
Are you concerned about your medications?			<i>Health and chronic conditions</i>
Are you concerned about your lack of physical activity?			<i>Health and chronic conditions</i>
Are you concerned about your weight?			<i>Health and chronic conditions</i>
Have you recently lost weight without trying?			<i>Health and chronic conditions</i>
Do you currently smoke tobacco?			<i>ASSIST</i>
Have you quit smoking tobacco in the last 5 years?			<i>ASSIST</i>
Are you concerned about how much alcohol you drink?			<i>ASSIST</i>
Are you concerned about your use of drugs?			<i>ASSIST</i>
Are you concerned about your gambling?			<i>*</i>
Is your financial situation very difficult?			<i>*</i>
Do you often feel sad or depressed?			<i>Social and emotional wellbeing and care relationship, family and social network</i>
Do you often feel nervous or anxious?			<i>Social and emotional wellbeing</i>
Have you felt afraid of someone who controls or hurts you?			<i>Accommodation and safety arrangements Care relationship, family and social network</i>
Are you homeless or at risk of homelessness?			<i>Accommodation and safety arrangements Care relationship, family and social network</i>
Would you rate your health as poor?			<i>Health and chronic conditions</i>
Would you rate your life circumstances as poor?			<i>*</i>

Produced by the Victorian Department of Health, 2012

This information collected by:

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Name:

Position/Agency:

Sign:

Date: dd/mm/yyyy / /

Contact number: