








## School Health Center Wellbeing Questionnaire

*We care about your overall health and how things are going for you. These questions are to help us understand where you might need some extra support. We have resources we can connect you to.*

	<p>Do you need more help in school than you are getting?</p>	YES	MAYBE	NO
	<p>Are you being cared for by a grandparent or other family member or friend?</p>	YES	MAYBE	NO
	<p>Are you or your family having problems with benefits, like WIC, Food Stamps, TANF, daycare vouchers, or Medicaid?</p>	YES	MAYBE	NO
	<p>Have you seen mold, bugs, mice, rats, peeling paint, or water leaking where you live?</p>	YES	MAYBE	NO
	<p>Do you ever go without electricity, heat, or running water?</p>	YES	MAYBE	NO
	<p><u>Is this statement true for you and your household?</u>  <i>"Within the past 12 months, we worried whether our food would run out before we got money to buy more."</i></p>	OFTEN TRUE	SOMETIMES TRUE	NEVER TRUE
	<p><u>Is this statement true for you and your household?</u>  <i>"Within the past 12 months, the food we bought just didn't last and we didn't have money to get more."</i></p>	OFTEN TRUE	SOMETIMES TRUE	NEVER TRUE

*For office use only:*

Initials of Reviewing Provider: \_\_\_\_\_