**Mother-Focused Care Screening Questions**

1. Are you Hispanic, Latino, or Spanish origin?

Yes \_\_\_\_\_ No \_\_\_\_\_ I choose not to answer this question \_\_\_\_\_

1. Which race(s) best describes you? (Check all that apply)

\_\_\_\_\_ White \_\_\_\_\_ Black or African American \_\_\_\_\_ American Indian or Alaskan Native

\_\_\_\_\_ Asian \_\_\_\_\_ Pacific Islander \_\_\_\_\_ Native Hawaiian

\_\_\_\_\_ Other \_\_\_\_\_ I choose not to answer this question

1. Preferred Language:

\_\_\_\_\_ English \_\_\_\_\_ Spanish \_\_\_\_\_ Other

1. **Food:** In the past 12 months have you had difficulty buying enough food?

Yes \_\_\_\_\_ No \_\_\_\_\_ I choose not to answer this question \_\_\_\_\_

Are you part of the WIC program? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_

If not, would you like information? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_

1. **Housing:** Are you worried about housing?

Yes\_\_\_\_\_\_ No\_\_\_\_\_\_ I choose not to answer this question \_\_\_\_\_\_

1. **Utilities:** In the past 12 months have you had difficulty paying your electric bills?

Yes \_\_\_\_\_ No \_\_\_\_\_ I choose not to answer this question \_\_\_\_\_

1. **Transportation:** Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?

Yes \_\_\_\_\_ No \_\_\_\_\_ I choose not to answer this question \_\_\_\_\_

Do you have a car seat? Yes\_\_\_\_\_ No\_\_\_\_ Would you like help getting a car seat? Yes\_\_\_ No\_\_\_

1. **Safety:** Do you feel physically and emotionally safe where you currently live?

Yes \_\_\_\_\_ No \_\_\_\_\_ I choose not to answer this question \_\_\_\_\_

 PATIENT LABEL