

## Arlington Screening Tool- Pilot Questions

- 1) Are you worried that in the next 2 months, you may not have stable housing?
  - Yes
  - No
- 2) In the last 12 months, has the electric, gas, oil or water company threatened to shut off your services in your home?
  - Yes
  - No
- 3) Within the past 12 months, did you worry that your food would run out before you got money to buy more?
  - Yes
  - No
- 4) Do you have trouble finding or paying for a ride (or any form of transportation)?
  - Yes
  - No
- 5) In the last 12 months, have you been hit, slapped, kicked or otherwise physically hurt by someone?
  - Yes
  - No
- 6) Within the past 12 months, have you been humiliated or emotionally abused in other ways by your partner or ex-partner?
  - Yes
  - No
- 7) Do you often feel that you lack companionship?
  - Yes
  - No
- 8) Think about the place you live. Do you have problems with any of the following?  
CHOOSE ALL THAT APPLY
  - Pests such as bugs, ants or mice
  - Mold
  - Lead paint or pipes
  - Lack of heat
  - Oven or stove not working
  - Smoke detectors missing or not working
  - Water leaks
  - None of the above
- 9) In the past year have you or any of your family members been unable to get any of the following when it was really needed.  
CHECK ALL THAT APPLY
  - Food
  - Clothing
  - Utilities
  - Childcare
  - Medicine or any health care (medical, dental, mental health or vision)
  - Other (please write in notes) \_\_\_\_\_
  - Do not have problems meeting my needs
- 10) Are any of your needs urgent? For example, I don't have food for tonight, I don't have a place to sleep tonight, I am afraid I will get hurt if I go home today.
  - Yes
  - No

*If you checked YES to any boxes above, would you like to receive assistance with any of these needs?*