



# Health Navigator 30-Day Survey

		<b>Date</b>	
		<b>Patient Name</b>	
		<b>Address</b>	
		<b>Phone</b>	
<b>1</b>	Which of the following best describes your self-care & mobility?	<b>7</b>	How many medication are you currently taking daily?
<b>A</b>	I am independent	<b>A</b>	1-2
<b>B</b>	I have some problems with self care	<b>B</b>	3-7
<b>C</b>	I have some problems with mobility	<b>C</b>	8 or more
<b>2</b>	Which of the statements best describes your pain level or discomfort.	<b>8</b>	What were your housing arrangements when you left the hospital?
<b>A</b>	I have no pain or discomfort	<b>A</b>	Renting a room, house or apartment
<b>B</b>	I have some pain or discomfort	<b>B</b>	Living in my own home or a relatives home.
<b>C</b>	I have extreme pain or discomfort	<b>C</b>	Resident of a shelter program.
		<b>D</b>	Other: Please describe:
<b>3</b>	Which of the following best describes your emotional state today?	<b>9</b>	Were you able to take all of the medications prescribed to you when you left the hospital?
<b>A</b>	I am not anxious or depressed.	<b>A</b>	Yes
<b>B</b>	I am moderately anxious or depressed.	<b>B</b>	NO
<b>C</b>	I am extremely anxious or depressed.		If No....
			<input type="checkbox"/> Ran out
			<input type="checkbox"/> Couldn't afford them
			<input type="checkbox"/> Adverse side effects
			<input type="checkbox"/> Other: Please describe:
<b>4</b>	On a scale from 1-10, which # best describes you overall health?	<b>10</b>	Were you able to get all the medical supplies when you left the hospital?
	1= The worst <input type="text"/> 10= Excellent	<b>A</b>	Yes
		<b>B</b>	NO
			If No....Why
			<input type="checkbox"/> No Insurance
			<input type="checkbox"/> No one available to pick them up
			<input type="checkbox"/> Other
<b>5</b>	On a scale from 1-10, how helpful was the Navigator Program from the hospital to community resources?	<b>11</b>	How confident are you that you can manage and control most of your health problems?
	1=The worst <input type="text"/> 10= Excellent	<b>A</b>	Very Confident
		<b>B</b>	Somewhat confident
		<b>C</b>	Not very confident
		<b>D</b>	I currently don't have any health problems.
<b>6</b>	Were there any services that you would have liked to receive and didn't receive?	<b>12</b>	Do you have a regular source of healthcare? If so, what is that source?
<b>A</b>	Primary Care home linkage	<b>A</b>	County Clinic
<b>B</b>	Home Health Care	<b>B</b>	Regular Dr.
<b>C</b>	Help with Health Care coverage	<b>C</b>	Other
<b>D</b>	Medical supplies		
<b>E</b>	Other		