

Memphis Vulnerability Assessment

Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health or mental health?

- YES
- NO
- CLIENT DOESN'T KNOW
- CLIENT PREFERS NOT TO ANSWER
- DATA NOT COLLECTED

Do you have any chronic health conditions? (Explain: Chronic means persisting for a long time or constantly recurring)

- YES
- NO
- CLIENT DOESN'T KNOW
- CLIENT PREFERS NOT TO ANSWER
- DATA NOT COLLECTED

Do you seek help from doctors/clinics when you are not feeling well or sick?

- YES
- NO
- CLIENT DOESN'T KNOW
- CLIENT PREFERS NOT TO ANSWER
- DATA NOT COLLECTED

Would anyone you know say you cannot live alone? (by doctors, other medical professionals, adults who know you) (Living alone means personal hygiene or grooming, dressing, toileting, cooking and eating)

- YES
- NO
- CLIENT DOESN'T KNOW
- CLIENT PREFERS NOT TO ANSWER
- DATA NOT COLLECTED

Do you have a payee? (NOT ASSIGNED A POINT)

- YES
- NO
- CLIENT DOESN'T KNOW
- CLIENT PREFERS NOT TO ANSWER
- DATA NOT COLLECTED

Have you ever been told by a doctor that you have a brain injury or mental health diagnosis?

- YES
- NO
- CLIENT DOESN'T KNOW
- CLIENT PREFERS NOT TO ANSWER
- DATA NOT COLLECTED

Has a doctor or anyone else told you, you are or maybe positive for HIV/AIDS? (Anyone else means a partner who reported being positive or been told you were exposed after needle use)

- YES
- NO
- CLIENT DOESN'T KNOW
- CLIENT PREFERS NOT TO ANSWER
- DATA NOT COLLECTED

Have you ever, or are you currently receiving physical health mental health services? (Mental health includes our emotional, psychological, and social well-being; affecting how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices.)

- YES
- NO
- CLIENT DOESN'T KNOW
- CLIENT PREFERS NOT TO ANSWER
- DATA NOT COLLECTED

Have you been prescribed daily medication that you are currently taking?

- YES
- NO
- CLIENT DOESN'T KNOW
- CLIENT PREFERS NOT TO ANSWER
- DATA NOT COLLECTED

Has alcohol or drug use affected your:

- Friendships/Personal Relationships
- Family Relationships
- Employment/Education
- Health
- Housing
- CLIENT DOESN'T KNOW
- CLIENT PREFERS NOT TO ANSWER
- DATA NOT COLLECTED

Do you currently have any warrants, owe the government money or any current unresolved court involvement?

- YES
- NO
- CLIENT DOESN'T KNOW
- CLIENT PREFERS NOT TO ANSWER
- DATA NOT COLLECTED

Have you been convicted of a crime that could make it difficult to access or maintain housing? (including but not limited to felonies, evictions, sex registries)

- YES
- NO
- CLIENT DOESN'T KNOW
- CLIENT PREFERS NOT TO ANSWER
- DATA NOT COLLECTED

Has anything impacted your ability to hold down a job, maintain housing and engage in meaningful relationships with friends or family?

- YES
- NO
- CLIENT DOESN'T KNOW
- CLIENT PREFERS NOT TO ANSWER
- DATA NOT COLLECTED

Since you've been homeless has anyone ever attempted to attack you or do you harm?

- YES
- NO
- CLIENT DOESN'T KNOW
- CLIENT PREFERS NOT TO ANSWER
- DATA NOT COLLECTED

Have you ever had thoughts or done anything to harm yourself?

- YES
- NO
- CLIENT DOESN'T KNOW
- CLIENT PREFERS NOT TO ANSWER
- DATA NOT COLLECTED

Have you ever intentionally or currently have plans to harm yourself or someone else?

- YES
- NO
- CLIENT DOESN'T KNOW
- CLIENT PREFERS NOT TO ANSWER
- DATA NOT COLLECTED

Do you have or have you applied for Disability (SSI/SSDI), Food Stamps, WIC, or Veteran Services?

- YES
- NO
- CLIENT DOESN'T KNOW
- CLIENT PREFERS NOT TO ANSWER
- DATA NOT COLLECTED