2024 Farmworker Outreach Health Assessment - Adult (English) | ORW: | Date:

Optional

FHASES ID: ______________________ **Cohort:**______________________ **Employer:** ______________________

Privacy

My signature indicates that I understand that my privacy will be protected within this farmworker health network except in the following circumstancs: if harm is suspected of a minor, elderly, or disabled person.

Signature: ____

Demographics

Name (first, last): ______________________________________ **Birth date**: ____/____/______ □ Est. *mm/dd/yyyy*

Preferred language: Span/ Engl/ Other: __________________ **Do you need an interpreter?** Yes/ No

Worker type: Migrant (□ H2A? □ H2B?))/ Seasonal/ Other

(*If migrant*) **Estimated departure date**: _________

Are you of Hispanic, Latino, or Spanish origin? *Mark all that apply.*
□ Yes, Mexican, Mexican Am., Chicano □ Yes, Puerto Rican □ Yes, Cuban
□ Yes, another Hispanic, Latino, or Spanish origin □ No, not of Hispanic, Latino, or Spanish origin □ Decline to answer

What is your race? *Mark all that apply.*
□ White □ Vietnamese □ Korean □ American Indian or Alaska Native
□ Black or African Am. □ Filipino □ Samoan □ Native Hawaiian
□ Some other race □ Chamorro □ Japonese □ Asian Indian
□ Decline to annswer □ Chinese □ Other Asian □ Other Pacific Islander

What sex were you assigned at birth? Male/ Female

What is your current gender identity? Man/ Woman/ Transgender man/ Transgender woman/ Other/ Decline to answer

Do you consider yourself to be: □ Heterosexual (not gay nor lesbian) □ Lesbian, gay, or homosexual □ Bisexual
□ Something different □ Unsure □ Decline to answer?

Housing: Own/ Rent/ Grower-provided/ Homeless

Address: _______________________________________ **City**: _____________________________ **US veteran?** Sí/ No

State: ________ **Zip code**: _____________ **County**: ____________________________

Health insurance: None / Medicaid / Medicare / Health Choice / Private **Family income** ($ amount): ________

Amount is per: week / 2 weeks/ month / year **# months worked** ____ **# family members**: __________________

Communication

How can we communicate with you?
Ask patient to initial next to each below if OK.
Cell number: __________________________
___________ OK to leave a message with another person.
___________ OK to leave a voicemail.
___________ OK to send a text (SMS) even though complete privacy is not guaranteed.
___________ OK to send a message through WhatsApp even though it may not be completely private.
WhatsApp number (if different): __________________________

How do you prefer that we communicate with you? *Circle preference.*

Emergency contact (optional)
Full name: __________________________
Phone number: ______________________
Relationship: ________________________

COVID-19

Do you have any questions about COVID-19? □ Yes □ No

Health ed: □ Provided □ Follow up
Vaccine ed: □ Provided □ Referral □ Follow up □ Declined
Self-test kit : □ Provided □ Referral □ Follow up □ Declined

Vitals

Blood pressure: _______________

If >120/80, offer health ed. If >140/90, offer referral.

Health ed: □ Provided □ Follow up
Referral: □ **Provided** □ **Follow up** □ **Declined**

General health

Is there something that worries you about your health? No/ Yes:_____________________________________

(If yes) **How can I help you with this problem?** ______________________________________

Have you ever been diagnosed with a medical condition? No/ Yes:____________________________

Are you taking (or should you be taking) medicines? No/ Yes:____________________________

Referral: □ Provided □ Follow up □ Declined

Diabetes, pregnancy, HTN, HIV, TB or abnormal cancer screen, consider MCN*

**Schedule a diabetes departure visit, if*

Occupational

Do you work in the fields? No/ Yes

(If yes) **Do you worry about conditions at work?** (like unfair pay, pesticides exposure, or other illegal practices) **No/ Yes:** ___________________________________

(If yes) **Would you like more information on how to protect yourself at work?** (such as pesticides, heat stress, or something else) **No/ Yes:** _______________________

Health ed: ☐ Provided ☐ Follow up

Referral: ☐ **Provided** ☐ **Follow up** ☐ **Declined** Health ed topic: _____________________________________

MH

Over the last 2 weeks, how often have you been bothered by any of the following problems? (PHQ-2)	**Not at all**	**Several days**	**More than half the days**	**Nearly every day**
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3

If yes to either question, offer a behavioral health or primary care referral and full depression screen (PHQ-9)

Referral: ☐ Provided ☐ Follow up ☐ Declined

PHQ-9: ☐ Provided ☐ Follow up

Health ed: ☐ Provided ☐ Follow up

Substance use

Do you drink alcohol, including beer? No/ Yes *If yes, complete 4 CAGE questions below.*

In the past year have you used an illegal drug or prescription medication for non-medical reasons? No/ Yes
(ex: the experience or feeling the drug causes) If yes, complete 4 CAGE questions below.

CAGE-AID

Have you ever felt that you should reduce your drug or alcohol use? ....No/ Yes
Have you ever felt bothered by criticism by other people about your drug or alcohol use? ....No/ Yes
Have you ever felt guilty or bad due to your drug or alcohol use? ....No/ Yes
Have you ever felt that you needed drugs or alcohol in the morning to calm your nerves or to help with a hangover? ....No/ Yes
If yes to any of the 4 questions, provide referral.

Referral: ☐ **Provided** ☐ **Follow up** ☐ **Declined** **Health ed:** ☐ Provided ☐ Follow up ☐ Declined

CM

Does someone where you work or live threaten you or make you feel in danger? No/ Yes

Do you have any other worries or concerns? No/ Yes: ______________________________________

Referral: ☐ **Provided** ☐ **Follow up** ☐ **Declined**

Addtl. Health Ed

Would you like more information on the following topics? *Circle those desired and check off if provided.*

- ☐ COVID-19
- ☐ Dental health
- ☐ Diabetes
- ☐ Drug or alcohol abuse
- ☐ Emergency preparedness
- ☐ Emotional health
- ☐ Green Tobacco Sickness
- ☐ Hypertension
- ☐ Internet access
- ☐ Nutrition
- ☐ STIs/ HIV
- ☐ Smoking
- ☐ Telehealth services
- ☐ Other(s)_______________

Notes