



**On a scale of 1 to 10 (where 10 is best) how would you rate your overall health? (circle one)**

**1      2      3      4      5      6      7      8      9      10**

**Do you currently have issues with any of the following: (mark all that apply)**

- Poor diet    Falling    Cleaning your Home    Personal Hygiene    Smoking
- Weight Loss    Affording Medications    Cooking Food    Paying for Medical Equipment
- Exercising    Lack of Counseling    Mental Health Issues    Stress    Anxiety
- Depression    Anger    Abuse of Any Kind    Receiving Primary Health Care
- Lack of Prescription Eyewear    Lack of Mobility    Substance Abuse
- Physical or Mental Disabilities    Children's Health Care
- Other (specify): \_\_\_\_\_

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Please list any medical conditions you have: (if you do not wish to share this information leave blank)

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Please list any medications you take: (If you do not wish to share this information leave blank)

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I \_\_\_\_\_ affirm that the information that I have provided in this document is accurate to the best of my knowledge. I understand that the information in this document will be used by the Ross Service Coordinator identify barriers to health and wellness and will not share this information without my permission.

\_\_\_\_\_  
Signature of Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of ROSS Service Coordinator

\_\_\_\_\_  
Date

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Phone: 325-676-6032

Fax: 325-738-8091

Relay Services: 711 or 1-800-RelayTX

Website: [www.abileneha.org](http://www.abileneha.org)

Equal Opportunity Employer / Equal Housing Opportunities



If you or anyone in your household is a person with disabilities and would like to request the opportunity for consideration of a reasonable accommodation relating to this notice, please contact our office immediately at 325-676-6032 or by mailing a written request to 4398 N. 7<sup>th</sup> St. Abilene, Texas 79603.