

Section 6: Home Assessment
Home Assessment

We have some questions about your living situation and whether you are prepared to quarantine at home. Do you live in a/n?:

- Apartment
- Single family house
- Condominium
- Shelter/homeless
- Assisted living
- Nursing home

Over the next 2-3 weeks, do you need assistance with:

- Food (could be through family/friend/food delivery service (local grocery store delivery, meals on wheels))
- Medications/Chronic condition needs
- Household utilities
- Drinking water
- Phone service
- Internet
- Cleaning supplies – soap, water, disinfectant
- Thermometer
- Other (specify)

Do you require assistance with daily activities (e.g., bathing, mobility, preparing food, etc.)?

(If yes) Do you have a caregiver?

(If yes) Collect following information:

Name

Phone number

- If no caregiver available, is person able to meet their daily needs while in isolation or quarantine such as preparing meals, cleaning, taking medications, with a plan to call for help if needed?