**MARJORIE KOVLER CENTER**

**WELL BEING QUESTIONNAIRE**

**INTRODUCTION TO CLIENT:**

I would like to ask you some questions about a number of different areas of your life. The answers you and other clients give us will help us learn how to improve our services and give people who come here the best help possible. It should take about 25 minutes to answer these questions.

Please answer the questions to the best of your knowledge – let me know if you do not understand. If any question makes you uncomfortable, please know you do not have to answer. When we finish, there will be time to discuss anything in the questionnaire, if you want. May I begin?

**General:**

1. In the past 3 months, what have been the biggest challenges or changes in your life?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
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2. How has your overall life situation changed over the past 3 months? Would you say your overall life situation is…?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Much Worse  1 | Somewhat Worse  2 | Neither Worse Nor Better  (The Same)  3 | Somewhat Better  4 | Much  Better  5 |

2a. Why do you say that?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
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**Immigration Status:**

3. What is your legal United States status today?

|  |  |  |  |
| --- | --- | --- | --- |
| 1 – Planning to apply for asylum | 2 – NOT planning to apply for asylum | 3 – Have applied for asylum | 4 – Have been granted asylum |
| 5 – Refugee | 6 – Legal permanent resident | 7 – US Citizen | 8 – Asylum case in appeal with BIA |
| 9 – Asylum case in appeal with 7th Circ. | | 10 – Other (Specify) |  |

**Employment/Education/Training:**

4. Do you have work authorization? 1 Yes 2 No 3 Waiting for renewal

4a. Are you currently in school or taking classes of any kind? 1 Yes 2 No

4b. (**IF YES**) Are you taking (select all that apply)…

|  |  |  |
| --- | --- | --- |
| 1 – ESL, English as a second language classes | 2 – Vocational training courses to lean new job skills | 3 – Studying for high school diploma or GED |
| 4 – Studying for a college degree | 5 – Studying for a graduate degree | 6 – Taking a hobby of personal interest course |
| 7 – Other type of class? (Specify) | | |

4c. Which of the following best describes your current employment situation?

|  |  |  |
| --- | --- | --- |
| 1 – Employed full-time (1 job) | 2 – Employed full-time (more than one job) | 3 – Employed part-time (1 job) |
| 4 – Employed part-time (more than one job) | 5 – Stay at home parent or spouse | 6 – Disabled/not working |
| 7 – Unemployed (looking for work) | 8 – Unemployed (not looking for work) | 9 – Retired |
| 10 – self-employed | 11 – “Casual work” | 12 - Other |

4d. (**IF EMPLOYED**) How satisfied are you with your job?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very Dissatisfied | Dissatisfied | Satisfied | Very  Satisfied | Not Applicable |
| Amount of pay | 1 | 2 | 3 | 4 | NA |
| Number of work hours | 1 | 2 | 3 | 4 | NA |
| People you work with | 1 | 2 | 3 | 4 | NA |
| Kind of work | 1 | 2 | 3 | 4 | NA |

**Housing:**

5. Which of the following best describes the place where you now live? (**Circle all that apply**)

|  |  |
| --- | --- |
| 1 – Homeless (e.g., sleep on street, in a car) | 2 – Sleeps/stays in a shelter, transitional housing, or supportive housing |
| 3 – Hotel or motel paid for by social service or charitable organization | 4 – Group home or supervised residential facility |
| 5 – Temporarily staying in someone else’s apartment or house (not able to pay rent) | 6 – I provide child/elderly care, cooking or cleaning to contribute in shared housing |
| 7 – Hotel or motel **paid for by you** (participant) | 8 – Sleeps in a shared space or common room (e.g., floor, couch) with others and **contribute to rent** |
| 9 – Room, apartment, or house that you **rent** either by yourself or with others | 10 – Apartment, condo, or house that you **own** |
| 11 – Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

6. How **satisfied** are you that you have enough **space** when you are at home?

|  |  |  |  |
| --- | --- | --- | --- |
| Very Dissatisfied  1 | Dissatisfied  2 | Satisfied  3 | Very Satisfied  4 |

7. How **satisfied** are you that you have enough **privacy** when you are at home?

|  |  |  |  |
| --- | --- | --- | --- |
| Very Dissatisfied  1 | Dissatisfied  2 | Satisfied  3 | Very Satisfied  4 |

8. Generally speaking, how **safe** do you feel when you are in the place where you stay now?

|  |  |  |  |
| --- | --- | --- | --- |
| Not At All  1 | Slightly 2 | Somewhat  3 | Very  4 |

9. Why do you or why do you not feel safe? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Language Ability *(ASK ONLY IF NOT NATIVE SPEAKER)***

10. Please describe your **ability** to SPEAK English: prompt: (“I speak English . . . .”)

|  |  |  |  |
| --- | --- | --- | --- |
| Not At All  Well  1 | Slightly Well  2 | Somewhat Well  3 | Very Well  4 |

11. Please describe your **ability** to READ English: (“I read English . . . .”)

|  |  |  |  |
| --- | --- | --- | --- |
| Not At All  Well  1 | Slightly Well  2 | Somewhat Well  3 | Very Well  4 |

12. Please describe your **ability** to WRITE English: (“I write English . . . .”)

|  |  |  |  |
| --- | --- | --- | --- |
| Not At All  Well  1 | Slightly Well  2 | Somewhat Well  3 | Very Well  4 |

**Getting Along with Others:**

13. In general, how **satisfied** are you with how you get along with the following people:

(**NOTE: Friends and family can mean here or back home in their country because we assume they can communicate with people back home**)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very Dissatisfied | Dissatisfied | Satisfied | Very Satisfied | NA |
| Friends | 1 | 2 | 3 | 4 | 5 |
| Family | 1 | 2 | 3 | 4 | 5 |
| Co-workers | 1 | 2 | 3 | 4 | 5 |
| Neighbors or acquaintances | 1 | 2 | 3 | 4 | 5 |

13a. Do you have a support network or people here in the U.S. that support you?

1 Yes 2 No

**Physical Pain/Illness:**

Next I am going to ask you a few questions about different types of chronic physical pain that sometimes result from torture.

14. Do you currently have any of the following physical problems?

|  |  |  |
| --- | --- | --- |
|  | 1 - Yes | 2 – No |
| Chronic or frequent migraine headaches | 1 | 2 |
| Pain in your joints | 1 | 2 |
| Pain in your neck or shoulders | 1 | 2 |
| Pain in your lower stomach | 1 | 2 |
| Numbness in arms/legs/feet or hands | 1 | 2 |
| Back pain | 1 | 2 |
| Heart pounding fast or hard | 1 | 2 |
| Difficulty breathing | 1 | 2 |
| Waking from sleep in a cold sweat | 1 | 2 |

15. For each problem reported in 26, ask: ***Before you were tortured****, did you have . . .*

|  |  |  |
| --- | --- | --- |
|  | 1 - Yes | 2 - No |
| Chronic or frequent migraine headaches | 1 | 2 |
| Pain in your joints | 1 | 2 |
| Pain in your neck or shoulders | 1 | 2 |
| Pain in your lower stomach | 1 | 2 |
| Numbness in arms/legs/feet or hands | 1 | 2 |
| Back pain | 1 | 2 |
| Heart pounding fast or hard | 1 | 2 |
| Difficulty breathing | 1 | 2 |
| Waking from sleep in a cold sweat | 1 | 2 |

16. Do you currently have any of the following chronic problems?

|  |  |  |  |
| --- | --- | --- | --- |
|  | 1 - Yes | 2 – No | 3 – Don’t know |
| High blood pressure | 1 | 2 | 3 |
| Diabetes | 1 | 2 | 3 |
| Digestive problems | 1 | 2 | 3 |

17.For each problem reported in 28, ask: *Before you were tortured, did you have . . .*

|  |  |  |  |
| --- | --- | --- | --- |
|  | 1 - Yes | 2 – No | 3 – Don’t know |
| High blood pressure | 1 | 2 | 3 |
| Diabetes | 1 | 2 | 3 |
| Digestive problems | 1 | 2 | 3 |

18. Do you currently use (consume) alcohol or illicit drugs (illegal, not prescription medication)? (**CIRCLE ONE**)

1 Yes 2 No

18a. (**IF YES**) Please answer yes of no to the following questions:

|  |
| --- |
|  |
| 1. Have you ever felt you should cut down on your drinking/drug use? |
| 1. Yes |
| 1. No |
|  |
| 1. Have people annoyed you by criticizing your drinking/drug use? |
| 1. Yes |
| 1. No |
|  |
| 1. Have you ever felt bad or guilty about your drinking/drug use? |
| 1. Yes |
| 1. No |
|  |
| 1. Have you ever had a drink/used drugs first thing in the morning to steady your nerves or to get rid of a hangover (eye opener)? |
| 1. Yes |
| 1. No |

**(IF YES TO ANY ABOVE, FOLLOW UP WITH SUBSTANCE ABUSE TOOL)**

19. Are you currently experiencing any type of domestic violence in your home? (**CAN BE EMOTIONAL, VERBAL, PHYSICAL**)

1 Yes 2 No

**(IF YES, FOLLOW UP WITH DOMESTIC ABUSE TOOL/BODY CHART)**