

# Patient Self-assessment on Barriers to Care

Do you think any of these things might prevent you from caring for your health?

## Transportation

- To and from appointments
  - To and from grocery store or pharmacy
  - To and from church
  - Other:
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## Appointment setting

- Access to a telephone and calendar
  - Ability to hear person on the telephone
  - Ability to make phone calls/set appointments
  - Other:
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## Personal needs

- Ability to bathe and dress self
  - Ability to take medications
  - Ability to use the toilet facilities
  - Ability to prepare nutritious meals
  - Other:
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## Financial needs

- Ability to pay for medications/copays (if any)
  - Ability to pay for healthy foods
  - Ability to pay for household expenses
  - Other:
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## Environmental needs

- Ability to move around home freely/without injury
  - Ability to access the outdoors safely
  - Ability to recognize Health Alerts/ask for help
  - Ability to care for pets
  - Other:
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