

FOR ADMIN USE ONLY

Type of intervention: Brief Detailed Observation Engaged

Intervention administrator and location: _____

Date(s) of intervention: _____

Date of assessment: _____

Stage of assessment: Pre Post

Medical Legal Partnership Learner Survey

You are being invited to take part in a voluntary research project that seeks to examine the impact of various types of education about social determinants of health and medical legal partnership on your knowledge, attitudes and beliefs. A survey will be administered to you before and after you receive this education. Participation is not required, and non-participation will not affect your grades or employment in any manner. As a participant, there are no direct benefits to you. You will not be paid or compensated for your participation. The only known risk of participation is a potential loss of confidentiality. In order to provide you with an assurance of confidentiality, you are being asked to generate your own unique identification code. You do not need to remember your code, instructions will be provided each time you are asked to complete a survey:

To answer these questions:

- MOTHER means the person you identify as your mother (biological or otherwise)
- FATHER means the person you identify as your father (biological or otherwise)
- BROTHERS and SISTERS include those you identify as siblings (biological or otherwise)

Please use the steps below to create your code.

1. In space 1 below, write the **FIRST letter** of your **MOTHER'S FIRST NAME**.
2. In space 2 below, write the **FIRST letter** of your **FATHER'S FIRST NAME**.
3. In space 3 below, write the number that represents how many **OLDER BROTHERS** you have.
4. In space 4 below, write the number that represents how many **YOUNGER SISTERS** you have.
5. In space 5 below, write either:
 - the number 1 if the **FIRST LETTER** of your **FIRST NAME** is in the first half of the alphabet (A-M); OR
 - the number 2 if the **FIRST LETTER** of your **FIRST NAME** is in the last half of the alphabet (N-Z).
6. In space 6 below, write the **LAST LETTER** of your **LAST NAME**.
7. In space 7 below, find the month that you were born and **write the designated number**:
 - If your birth month is January, April, July, or October, write the number 3;
 - If your birth month is February, May, August, or November, write the number 4; OR
 - If your birth month is March, June, September, or December, write the number 5.

Your Unique ID is: _____

1 2 3 4 5 6 7

Unique ID: _____

Type of Participant (please check ALL that apply):

Student:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Medical | <input type="checkbox"/> Law |
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Public Health/Policy |
| <input type="checkbox"/> Social Work | <input type="checkbox"/> Other |

Professional:

- | | |
|--|---|
| <input type="checkbox"/> Physician | <input type="checkbox"/> PGY2 Resident |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> PGY3 Resident |
| <input type="checkbox"/> Social Worker | <input type="checkbox"/> Other Clinical Staff |
| <input type="checkbox"/> Incoming PG1 Resident | <input type="checkbox"/> Attorney |
| <input type="checkbox"/> PGY1 Resident | <input type="checkbox"/> Other |

1. To what extent do you agree that the following issues may impact the health of patients:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Lack of access to health care					
Lack of access to health insurance					
Lack of access to child care					
Unstable family life					
Insufficient income supports					
Lack of access to safe, habitable & affordable housing					
Lack of access to public benefits					
Lack of access to transportation					
Lack of access to appropriate early intervention/public education services					

2. How important do you believe it is for patients to be screened for the following issues:

	Very Important	Somewhat Important	Neutral	Not Very Important	Not at all Important
Lack of access to health care					
Lack of access to health insurance					
Lack of access to child care					
Unstable family life					
Insufficient income supports					
Lack of access to safe, habitable & affordable housing					
Lack of access to public benefits					
Lack of access to transportation					
Lack of access to appropriate early intervention/public education services					

Unique ID: _____

3. If a health care provider is aware that a patient is experiencing one of the issues identified above, **how important** do you believe it is for that health care provider to:

	Very Important	Somewhat Important	Neutral	Not Very Important	Not at all Important
Inform an attending physician					
Refer the patient to a social worker					
Refer the patient to a legal professional					

4. To what extent do you agree that inter-professional collaboration with other disciplines (e.g., lawyers if you are a health care provider, or health care providers if you are a lawyer) has:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
improved your professional skills					
improved your ability to address patient/client needs					
improved your ability to communicate effectively with members of other professions					
improved your ability to access the knowledge of other professions					
improved your ability to work effectively as a part of a team					

HEALTH CARE PROVIDERS, STAFF AND STUDENTS ONLY:

5. How many times have you **screened** a patient for social or legal issues that might impact health?

- 0 1-24 25-49 50-99 ≥100

6. How many times have you **informed an attending physician** of social or legal issues that you believed might impact a patient's health?

- 0 1-24 25-49 ≥50 NA (I am an attending physician)

7. How many times have you **referred a patient to a social worker** because you believed the patient might have a social or legal issue that could impact health?

- 0 1-24 25-49 ≥50 NA (I am a social worker)

8. How many times have you **referred a patient to a legal professional** because you believed the patient might have a social or legal issue that could impact health?

- 0 1-24 25-49 ≥50