

SCORING INSTRUCTIONS:

For the housing, food, transportation, utilities, child care, employment, education, and finances questions: Underlined answers indicate a positive response for a social need for that category.

For the personal safety questions: A value greater than 10 when the numerical values are summed for answers to these questions indicates a positive response for a social need for personal safety.

HOUSING

1. What is your housing situation today?¹
 - I do not have housing (I am staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)
 - I have housing today, but I am worried about losing housing in the future
 - I have housing
2. Think about the place you live. Do you have problems with any of the following? (check all that apply)²
 - Bug infestation
 - Mold
 - Lead paint or pipes
 - Inadequate heat
 - Oven or stove not working
 - No or not working smoke detectors
 - Water leaks
 - None of the above

FOOD

3. Within the past 12 months, you worried that your food would run out before you got money to buy more.³
 - Often true
 - Sometimes true
 - Never true
4. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.³
 - Often true
 - Sometimes true
 - Never true

TRANSPORTATION

5. In the past 12 months, has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? (check all that apply)¹
 - Yes, it has kept me from medical appointments or getting medications
 - Yes, it has kept me from non-medical meetings, appointments, work, or getting things that I need
 - No

UTILITIES

6. In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?⁴
 - Yes
 - No
 - Already shut off

CHILD CARE

7. Do problems getting child care make it difficult for you to work or study?⁵
 - Yes
 - No

EMPLOYMENT

8. Do you have a job?⁶
 - Yes
 - No

EDUCATION

9. Do you have a high school degree?⁶
 - Yes
 - No

FINANCES

10. How often does this describe you? I don't have enough money to pay my bills:⁷
 - Never
 - Rarely
 - Sometimes
 - Often
 - Always



PERSONAL SAFETY

11. How often does anyone, including family, physically hurt you?⁸
- Never (1)
 Rarely (2)
 Sometimes (3)
 Fairly often (4)
 Frequently (5)
12. How often does anyone, including family, insult or talk down to you?⁸
- Never (1)
 Rarely (2)
 Sometimes (3)
 Fairly often (4)
 Frequently (5)
13. How often does anyone, including family, threaten you with harm?⁸
- Never (1)
 Rarely (2)
 Sometimes (3)
 Fairly often (4)
 Frequently (5)
14. How often does anyone, including family, scream or curse at you?⁸
- Never (1)
 Rarely (2)
 Sometimes (3)
 Fairly often (4)
 Frequently (5)

Sum of questions 11–14: _____

Greater than 10 equals positive screen for personal safety.

ASSISTANCE

15. Would you like help with any of these needs?
- Yes
 No

Questions 1-6 and 11-14 originated from the sources listed in the reference section. Those 10 questions were adapted by the National Academy of Medicine (NAM) and reprinted in this document with permission. The NAM questions can be found at:

Billioux A., Verlander K, Anthony S, Alley D. Standardized screening for health-related social needs in clinical settings. The accountable health communities screening tool. Discussion paper. National Academy of Medicine. Washington, DC. www.nam.edu/wp-content/uploads/2017/05/Standardized-Screening-for-Health-Related-Social-Needs-in-Clinical-Settings.pdf. Accessed October 3, 2018.

Questions 7-10 originated from the sources listed in the reference section. Those four questions were adapted by Health Leads and reprinted in this document. The Health Leads questions can be found at:

Health Leads. Social needs screening toolkit. www.healthleadsusa.org/wp-content/uploads/2016/07/Health-Leads-Screening-Toolkit-July-2016.pdf. Accessed October 3, 2018.

REFERENCES

1. Created in part under license of PRAPARE™ from the National Association of Community Health Centers. © 2018. PRAPARE is developed and owned by the National Association of Community Health Centers (NACHC), in partnership with the Association of Asian Pacific Community Health Organization (AAPCHO), the Oregon Primary Care Association (OPCA), and the Institute for Alternative Futures (IAF). For more information, visit www.nachc.org/prapare.
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3. Hager ER, Quigg AM, Black MM, et al. Development and validity of a 2-item screen to identify families at risk for food insecurity. *Pediatrics*. 2010;126(1):e26-e32.
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8. Sherin KM, Sinacore JM, Li XQ, Zitter RE, Shakil A. HITS: a short domestic violence screening tool for use in a family practice setting. *Fam Med*. 1998;30(7):508-512.

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Name: _____ Date of Birth: _____ Date: _____

Social Needs Resources and Actions

Housing | Resource and/or action:

Food | Resource and/or action:

Transportation | Resource and/or action:

Utilities | Resource and/or action:

Child care | Resource and/or action:

Employment | Resource and/or action:

Education | Resource and/or action:

Finances | Resource and/or action:

Personal safety | Resource and/or action:

Follow-up Plan:

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