Core Health-Related Social Needs Screening Questions

Underlined answer options indicate positive responses for the associated health-related social need. A value greater than 10 when the numerical values for answers to questions 7-10 are summed indicates a positive screen for interpersonal safety.

HOUSING INSTABILITY
1. What is your housing situation today?
   □ 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)
   □ 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 INSECURITY
3. Within the past 12 months, you worried that your food would run out before you got money to buy more.
   □ 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.
   □ Often true
   □ Sometimes true
   □ Never true

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TRANSPORTATION NEEDS
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)
   □ 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

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

INTERPERSONAL SAFETY
7. How often does anyone, including family, physically hurt you?
   □ Never (1)
   □ Rarely (2)
   □ Sometimes (3)
   □ Fairly often (4)
   □ Frequently (5)

8. How often does anyone, including family, insult or talk down to you?
   □ Never (1)
   □ Rarely (2)
   □ Sometimes (3)
   □ Fairly often (4)
   □ Frequently (5)

9. How often does anyone, including family, threaten you with harm?
   □ Never (1)
   □ Rarely (2)
   □ Sometimes (3)
   □ Fairly often (4)
   □ Frequently (5)

10. How often does anyone, including family, scream or curse at you?
    □ Never (1)
    □ Rarely (2)
    □ Sometimes (3)
    □ Fairly often (4)
    □ Frequently (5)