AHC HRSN SDOH Screening Tool Questions

If someone chooses the underlined answers, they might have an unmet health-related social need.

**Living Situation**

* 1. What is your living situation today?
     1. I have a steady place to live

I have a place to live today, but I am worried about losing it in the future

I do not have a steady place to live (I am temporarily 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)

* 1. Think about the place you live. Do you have problems with any of the following?

CHOOSE ALL THAT APPLY

Pests such as bugs, ants, or mice

Mold

Lead paint or pipes

Lack of heat

Oven or stove not working

Smoke detectors missing or not working

Water leaks

None of the above

**Food**

Some people have made the following statements about their food situation. Please answer whether the statements were OFTEN, SOMETIMES, or NEVER true for you and your household in the last 12 months. 5

* 1. 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

* 1. 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

**Transportation**

* 1. In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?

Yes

No

**Utilities**

* 1. 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

**Safety**

Because violence and abuse happens to a lot of people and affects their health we are asking the following questions.

* 1. How often does anyone, including family and friends, physically hurt you?

Never (1)

Rarely (2)

Sometimes (3)

Fairly often (4)

Frequently (5)

* 1. How often does anyone, including family and friends, insult or talk down to you?

Never (1)

Rarely (2)

Sometimes (3)

Fairly often (4)

Frequently (5)

* 1. How often does anyone, including family and friends, threaten you with harm?

Never (1)

Rarely (2)

Sometimes (3)

Fairly often (4)

Frequently (5)

* 1. How often does anyone, including family and friends, scream or curse at you?

1. Never (1)
2. Rarely (2)
3. Sometimes (3)
4. Fairly often (4)
5. Frequently (5)

A score of 11 or more when the numerical values for answers to questions 7-10 are added shows that the person might not be safe.

CMS Centers for Medicare & Medicaid Services