



### Please answer the following.

#### HOUSING

1. What is your housing situation today?<sup>1</sup>

- 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)<sup>1</sup>

- 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.<sup>1</sup>

- 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.<sup>1</sup>

- 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)<sup>1</sup>

- 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?<sup>1</sup>

- Yes
- No
- Already shut off

#### PERSONAL SAFETY

7. How often does anyone, including family, physically hurt you?<sup>1</sup>

- Never
- Rarely
- Sometimes
- Fairly often
- Frequently

8. How often does anyone, including family, insult or talk down to you?<sup>1</sup>

- Never
- Rarely
- Sometimes
- Fairly often
- Frequently

9. How often does anyone, including family, threaten you with harm?<sup>1</sup>

- Never
- Rarely
- Sometimes
- Fairly often
- Frequently

10. How often does anyone, including family, scream or curse at you?<sup>1</sup>

- Never
- Rarely
- Sometimes
- Fairly often
- Frequently

#### ASSISTANCE

11. Would you like help with any of these needs?

- Yes
- No

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#### REFERENCE

1. Billioux A, Verlander K, Anthony S, and Alley D. National Academy of Medicine. Standardized screening for health-related social needs in clinical settings: the accountable health communities screening tool. National Academies Press. Washington, D.C. <https://nam.edu/wp-content/uploads/2017/05/Standardized-Screening-for-Health-Related-Social-Needs-in-Clinical-Settings.pdf>. Accessed November 14, 2017.

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