

Underlined answer options indicate a positive response for a social need for the housing, food, transportation, and utilities categories.

HOUSING

- 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
- Think about the place you live. Do you have problems with any of the following? (check all that apply)¹
 - 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

- Within the past 12 months, you worried that your food would run out before you got money to buy more.¹
 - Often true
 - Sometimes true
 - Never true
- Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.¹
 - Often true
 - Sometimes true
 - Never true

REFERENCE:

- 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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TRANSPORTATION

- 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

- In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?¹
 - Yes
 - No
 - Already shut off

A value greater than 10 when the numerical values for answers to the following questions are summed indicates a positive screen for personal safety. Please input the corresponding value for each question.

PERSONAL SAFETY

- How often does anyone, including family, physically hurt you?¹
 - Never (1)
 - Rarely (2)
 - Sometimes (3)
 - Fairly often (4)
 - Frequently (5)

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

Sum of questions 7–10: _____
Greater than 10 equals positive screen for personal safety.

ASSISTANCE

- Would you like help with any of these needs?¹
 - Yes
 - No

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