

SOCIAL NEEDS: PATIENT QUESTIONNAIRE

Health starts where we work, play, learn, eat, and sleep. Problems in any of these areas can affect your health. We may be able to provide assistance, so we hope you will answer the following questions. You do not have to answer any questions you do not want to. Anything you write will be kept confidential in your medical record.

PLEASE CIRCLE YOUR ANSWERS.

1. Is it difficult to get transportation to or from your medical appointments?	Yes	No								
2. Is there someone you can rely on when you have problems?	Yes	No								
3. Are there enough people you feel close to?	Yes	No								
4. In the last 12 months, did you ever worry that your food would run out before you had money to buy more?	Yes	No								
5. In the last 12 months, did your food ever not last and you didn't have money to get more?	Yes	No								
6. In the last 12 months, did you ever feel stressed about making ends meet? Check the box for anything you have trouble paying for: <input type="checkbox"/> Food <input type="checkbox"/> Rent/mortgage <input type="checkbox"/> Medical care <input type="checkbox"/> Prescriptions <input type="checkbox"/> Insurance <input type="checkbox"/> Gas/Electricity <input type="checkbox"/> Childcare <input type="checkbox"/> Other: _____	Yes	No								
7. Do you have any problems with your housing, such as unsafe/unclean conditions, temporary living, or no place to live? Check the box for any housing problems that you are having: <input type="checkbox"/> Unsafe conditions <input type="checkbox"/> Unclean conditions <input type="checkbox"/> Temporary housing <input type="checkbox"/> Staying in shelter <input type="checkbox"/> No place to live or living on street <input type="checkbox"/> Other: _____	Yes	No								
8. Does a partner, or anyone at home, hurt, hit, or threaten you?	Yes	No								
9. How confident are you filling out forms by yourself?	Not at all	Somewhat	Extremely							
10. How confident are you that you can control and manage most of your health problems? (Select a number from 1 to 10; 1 = not at all confident, 10 = very confident.)	1	2	3	4	5	6	7	8	9	10
	Not at all								Very confident	
11. Would you like us to contact you to provide any additional support or resources?	Yes	No								



FPM Toolbox To find more practice resources, visit <https://www.aafp.org/fpm/toolbox>.

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