

Social Needs Screening Tool

5. In the past 12 months, has lack of transportation kept you from

needed for daily living? (check all that apply)1

medical appointments, meetings, work, or from getting things

☐ Yes, it has kept me from medical appointments or getting

(PHYSICIAN SHORT VERSION)

SCORING INSTRUCTIONS:

For the housing, food, transportation, and utilities questions: Underlined answers indicate a positive response for a social need for that category.

10

10 when the numerical values are summed for answers to these questions indicates a positive response for a social need for personal safety.	 medications Yes, it has kept me from non-medical meetings, appointments, work, or getting things that I need No 		
HOUSING 1. 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	 UTILITIES 6. In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?⁴ Yes No Already shut off 		
 2. Think about the place you live. Do you have problems with any of the following? (check all that apply)² 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 	PERSONAL 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)		
 FOOD 3. Within the past 12 months, you worried that your food would run out before you got money to buy more.³ Often true Sometimes true Never true 	 Rarely (2) Sometimes (3) Fairly often (4) Frequently (5) 9. How often does anyone, including family, threaten you with harm? ⁵		
 4. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.³ Often true Sometimes true Never true 	Never (1) Rarely (2) Sometimes (3) Fairly often (4) Frequently (5)		

TRANSPORTATION

10. How often does anyone, including family, scream or curse
at you?⁵
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

Questions 1-10 originated from the sources listed in the references section.

Those 10 questions were adapted by the National Academy of Medicine (NAM) and reprinted in this document with permission. The NAM paper can be found at:

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

☐ Yes

□ No

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REFERENCES

- 1. Created in part under license of PRAPARE™ from the National Association of Community Health Centers. © 2018. PRAPARE is developed and owned by the National Association of Community Health Centers (NACHC), in partnership with the Association of Asian Pacific Community Health Organization (AAPCHO), the Oregon Primary Care Association (OPCA), and the Institute for Alternative Futures (IAF). For more information, visit www.nachc.org/prapare.
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