

# Social Determinants of Health Assessment Tool

To help identify health-related social needs (e.g., food, housing, social isolation, insurance, interpersonal violence, emotional well-being, transportation) in your patients, use this assessment tool to create a social determinants action plan.

Connect your patients with local and state community-based organizations that support social needs by visiting the 211.org website.

## FOOD

YES NO

1. Within the past 12 months, did you worry your food would run out before you got money to buy more?	<input type="checkbox"/>	<input type="checkbox"/>
2. Within the past 12 months, did the food you bought not last and you didn't have money to get more?	<input type="checkbox"/>	<input type="checkbox"/>

## HOUSING/UTILITIES

3. Do you have housing?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you worry about losing your housing?	<input type="checkbox"/>	<input type="checkbox"/>
5. Within the past 12 months, have you or your family members you live with been unable to get heat, electricity, water when it was really needed?	<input type="checkbox"/>	<input type="checkbox"/>

## TRANSPORTATION

6. Within the past 12 months, has lack of transportation kept you from going to medical appointments, getting your medicines, non-medical meetings or appointments, work, or from getting things that you need (Food)?	<input type="checkbox"/>	<input type="checkbox"/>
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## SAFETY

7. Do you feel physically and emotionally safe where you currently live?	<input type="checkbox"/>	<input type="checkbox"/>
8. Within the past 12 months, have you been hit, slapped, kicked or otherwise physically hurt by someone?	<input type="checkbox"/>	<input type="checkbox"/>
9. Within the past 12 months, have you been disgraced or emotionally abused in other ways by your partner or ex-partner?	<input type="checkbox"/>	<input type="checkbox"/>

## HELP NOW

10. Do you have needs that are urgent? For example: I don't have food for today, I don't have a place to sleep tonight, I don't have a ride home or to work, I am afraid I will get hurt if I go home today.	<input type="checkbox"/>	<input type="checkbox"/>
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Additional Information