



Social Needs

Screening Tool

Name: _____

MRN: _____

Your answers to the SDOH survey below will help us better understand what resources you might need. ACHC will use this knowledge to look for opportunities, funding and to develop projects that will benefit you in the areas you need the most.

Financial Strain

1. How hard is it for you to pay for the very basics like food, housing, heating, medical care and medications?

- ☐ Not hard at all
- ☐ Somewhat hard
- ☐ Very hard
- ☐ Declined

Social Isolation

2. How often do you see or talk to people that you care about and feel close to?

- ☐ Less than once a week
- ☐ 1-2 times a week
- ☐ 3-5 times a week
- ☐ 6 or more times a week
- ☐ Declined

3. How often do you feel lonely or isolated from those around you?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always
- ☐ Declined

4. Do you have someone you could call if you needed help?

- ☐ Yes
- ☐ No
- ☐ Declined

Health Literacy

5. How do you learn best?

- ☐ Reading
- ☐ Listening
- ☐ Pictures
- ☐ Hands-On
- ☐ Declined

Education

6. What is the highest grade or year of school you completed?

- ☐ Never attended school or only kindergarten
- ☐ Grades 1 through 8 (Elementary)
- ☐ Grades 9 through 11 (Some high school)
- ☐ Grade 12 or GED
- ☐ College 1-3 years (Some College)
- ☐ College 4 or more years (College Graduate)
- ☐ Declined

Transportation

7. In the last 12 months, has lack of transportation kept you from medication, appointments, meetings, work or from getting things needed for daily living?

- ☐ Yes, it has kept me from medical appointments and getting medications
- ☐ Yes, it has kept me from non-medical meetings, appointments, and work
- ☐ No
- ☐ Declined

Housing

8. What is your living situation today?

- ☐ I have a steady place to live
- ☐ I have a place to live today, but I worry about losing it in the future
- ☐ I do not have a steady place to live
- ☐ Declined

9. Think about the place you live. Do you have any problems with the following?

- ☐ Pests
- ☐ Mold
- ☐ Lead paint or pipes
- ☐ Lack of heat
- ☐ Oven or stove not working
- ☐ Missing or not working smoke detectors
- ☐ Water leaks
- ☐ None of the above
- ☐ Declined

Food

10. Within the past 12 months, you worried that your food would run out before you got money to buy more.

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true
- ☐ Declined

11. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true
- ☐ Declined

Utilities

12. In the past 12 months has the electric, gas, oil, or water company threatened to shut off services to your home?

- ☐ Yes
- ☐ No
- ☐ Already shut off
- ☐ Declined

Physical Activity (Circle the most correct answer)

13. On average, how many days per week do you engage in moderate to strenuous exercise?

0 1 2 3 4 5 6 7

14. On average, how many minutes do you engage in exercise at this level?

10 20 30 40 50 60 90 120 150+

Stress

Stress means a situation in which a person feels tense, restless, nervous, or anxious or is unable to sleep at night because his or her mind is troubled all the time.

15. Do you feel these kinds of stress these days?

- ☐ Not at all
- ☐ A little bit
- ☐ Somewhat
- ☐ Quite a bit
- ☐ Very much

Employment

16. Are you currently employed?

- ☐ Yes
- ☐ No
- ☐ Otherwise unemployed but not seeking work (Student, retired, disabled, unpaid caregiver)
- ☐ Declined

Personal Safety

17. How often does anyone, including family and friends, physically hurt you?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Fairly often
- ☐ Frequently
- ☐ Declined

18. How often does anyone, including family and friends, insult or talk down to you?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Fairly often
- ☐ Frequently
- ☐ Declined

19. How often does anyone, including family and friends, threaten you with harm? Never

- ☐ Rarely
- ☐ Sometimes
- ☐ Fairly often
- ☐ Frequently
- ☐ Declined

20. How often does anyone, including family and friends, scream or curse at you?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Fairly often
- ☐ Frequently
- ☐ Declined

Assistance

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

- ☐ Yes
- ☐ No

22. What would you like help with? (Select all the apply)

- ☐ Financial
- ☐ Social
- ☐ Health Literacy
- ☐ Education
- ☐ Transportation
- ☐ Housing
- ☐ Food
- ☐ Utilities
- ☐ Physical Activity
- ☐ Stress
- ☐ Personal Safety
- ☐ Employment