

Social determinants of health screening tool

Are you currently experiencing any of the following concerns? Please check all statements that apply to you at the **current time**. This information will help us understand your most pressing concerns.

1. I have difficulty paying for health care services other than prescription medications.

Always Sometimes Never Do not wish to answer

A. I have trouble paying for dental care.

Always Sometimes Never Do not wish to answer

B. I have trouble paying for doctor bills.

Always Sometimes Never Do not wish to answer

2. I have difficulty accessing or affording transportation to get doctor appointments, or the pharmacy.

Always Sometimes Never Do not wish to answer

3. I need help with shopping, preparing food, housekeeping, laundry, finances, or managing my medications.

Always Sometimes Never Do not wish to answer

4. I spend most of my time alone, but would rather socialize with other people more often.

Always Sometimes Never Do not wish to answer

5. I have limited or uncertain access to enough food or to nutritious food.

Always Sometimes Never Do not wish to answer

6. I have trouble paying my electricity, gas, or water bills.

Always Sometimes Never Do not wish to answer

7. I have a place to live now, but I am worried about losing it in the future.

Always Sometimes Never Do not wish to answer

Thank you for taking the time to complete this survey. If you have any questions or additional concerns please reach out to your primary care provider.