

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.