



PATIENT FORM (short version)

Please answer the following.

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
2. Think about the place you live. Do you have problems with any of the following? (check all that apply)¹
 - 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

FOOD

3. Within the past 12 months, you worried that your food would run out before you got money to buy more.¹
 - Often true
 - Sometimes true
 - Never true
4. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.¹
 - Often true
 - Sometimes true
 - Never true

TRANSPORTATION

5. In the past 12 months, has lack of transportation kept you from medical appointments, meetings, work or from getting things needed for daily living? (check all that apply)¹
 - Yes, it has kept me from medical appointments or getting medications
 - Yes, it has kept me from non-medical meetings, appointments, work, or getting things that I need
 - No

UTILITIES

6. In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?¹
 - Yes
 - No
 - Already shut off

PERSONAL SAFETY

7. How often does anyone, including family, physically hurt you?¹
 - Never
 - Rarely
 - Sometimes
 - Fairly often
 - Frequently
8. How often does anyone, including family, insult or talk down to you?¹
 - Never
 - Rarely
 - Sometimes
 - Fairly often
 - Frequently
9. How often does anyone, including family, threaten you with harm?¹
 - Never
 - Rarely
 - Sometimes
 - Fairly often
 - Frequently



10. How often does anyone, including family, scream or curse at you?¹

- Never
- Rarely
- Sometimes
- Fairly often
- Frequently

ASSISTANCE

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

- Yes
- No

Questions 1-10 are reprinted with permission from the National Academy of Sciences, courtesy of the National Academies Press, Washington, D.C.

REFERENCE:

1. Billieux A, Verlander K, Anthony S, and Alley D. National Academy of Medicine. Standardized screening for health-related social needs in clinical settings: the accountable health communities screening tool. National Academies Press. Washington, D.C. <https://nam.edu/wp-content/uploads/2017/05/Standardized-Screening-for-Health-Related-Social-Needs-in-Clinical-Settings.pdf>. Accessed November 14, 2017.

