



## Medical Associates Health Plans

### Social Determinants of Health Screening

**Your care team is interested in your complete wellness. Please take a moment to answer the questions below prior to seeing your doctor. This is an optional questionnaire.**

#### 1. Your Information

**ZIP/Postal Code**

2. Are you worried that in the next 2 months, you may not have a safe or stable place to live? (risk of eviction, being kicked out, homelessness)

☐ Yes

☐ No

3. Are you worried that the place you are living is now making you sick? (has mold, bugs/rodents, water leaks, not enough heat)

☐ Yes

☐ No

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

☐ Yes

☐ No

5. In the last 12 months, did you worry that your food could run out before you got money to buy more?

☐ Yes

☐ No

6. In the last 12 months, has lack of transportation kept you from medical appointments or getting your medications?

☐ Yes

☐ No

7. In the last 12 months, did you have to skip buying medications or going to doctor's appointments to save money?

☐ Yes

☐ No

8. Do you need help getting child care or care for an elderly or sick adult?

☐ Yes

☐ No

9. Do you need legal help? (child/family services, immigration, housing discrimination, domestic issues, etc)

☐ Yes

☐ No

10. Are you finding it hard to get along with a partner, spouse or family members?

☐ Yes

☐ No

11. Does anyone in your life hurt you, threaten you, frighten you or make you feel unsafe?

☐ Yes

☐ No

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