



## 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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