SOCIAL NEEDS SCREENING TOOLKIT

The First Step in Your Social Needs Initiative

Health care leaders and front-line clinicians have long recognized the connection between unmet essential resource needs – e.g. food, housing and transportation – and the health of their patients. Indeed, research suggests that more than 70% of health outcomes are attributable to social and environmental factors – and the behaviors linked to them – that patients face outside of the practice or hospital.[1]

One of the first steps to addressing social needs is asking your patients about this aspect of their lives. Building on Health Leads' 20+ years of experience implementing these programs, as well as recent guidelines from the Institute of Medicine and Centers for Medicare & Medicaid Services, this Social Needs Screening Toolkit shares the latest research on how to screen patients for social needs.

Published first in July 2016, this toolkit will be updated annually. Social needs programs and research are constantly evolving, so we welcome your feedback, ideas and suggestions of questions to add to our library – please email us at solutions@healthleadsusa.org.

Health Leads would like to thank our many healthcare partners and advisors who contributed to this toolkit, including: Massachusetts General Hospital, Kaiser Permanente, Boston Medical Center, Johns Hopkins, NYC Health + Hospitals Corporation, Contra Costa Regional Medical Center, Cottage Health, Children's National Medical Center, and our many Workshop and Collaborative participants.

Sources

- *University of Wisconsin County Health Rankings*
- *New England Healthcare Institute*

SOCIAL NEED DOMAINS

Essential Social Need Domains

Representing the most common social needs impacting the health of patients today, these domains are based on findings from the Institute of Medicine, Centers for Medicare & Medicaid Services and Health Leads' two decades **of on-the-ground experience**. We recommend all healthcare systems include these domains in a screening tool for social determinants of health.

SOCIAL NEED DOMAINS	EXAMPLES
Food Insecurity	Limited or uncertain access to adequate food
Housing Instability	Homelessness, unsafe or unhealthy housing conditions, inability to pay mortgage/ rent, frequent housing disruptions, eviction
Utility Needs	Difficulty paying utility bills, shut off notices, access to phone
Financial Resource Strain[2]	Inability to afford essential needs, financial literacy, medication under-use due to cost, benefits denial
Transportation Challenges	Difficulty accessing or affording transportation (medical or public)
Exposure To Violence[3]	Intimate partner violence, elder abuse, community violence
Socio-Demographic Information	Race and ethnicity, educational attainment, family income level, languages spoken

[2] Questions about financial resource strain often produce a high false positive rate; review these questions carefully

[3] These categories will likely require a more highly skilled workforce than other types of social needs

Optional Social Need Domains

Depending on the goals of the initiative, these optional categories may be included on a social determinants of health screening tool.

SOCIAL NEED DOMAINS	EXAMPLES
Childcare	Childcare, preschool, after-school programs, prenatal support services, kids clothing and supplies, summer programs
Education	English as a Second Language (ESL/ESOL), high school equivalency (GED), college training programs, health literacy
Employment	Under-employment, unemployment, job training
Health Behaviors[3]	Tobacco use, alcohol and substance use, physical activity, diet
Social Isolation & Supports[3]	Lack of family and/or friend network(s), minimal community contacts, absence of social engagement
Behavioral/ Mental Health[3]	Stress, anxiety, depression, psychological assets, trauma

[3] These categories will likely require a more highly skilled workforce than other types of social needs

FIVE KEYS TO A GREAT SCREENING TOOL

Understanding a patient's social needs can be challenging: your patients may not speak or read English well, they may be concerned about divulging sensitive information such as immigration status, or they may have previously had negative experiences in attempting to address their social needs. So how do you ensure your screening process is patient-centered, while also achieving your population health research and/or management goals?

1 Make it short and simple

Patients have so many forms and questionnaires to complete when they visit a doctor these days, so we recommend that you keep your tool brief to ensure it is completed fully. We recommend your tool be:

- Short, with a maximum of 12 questions
- Written at a 5th grade reading level to accommodate low literacy populations
- Translated into other languages, ideally those that are most prevalent in your practice

Keeping your screening tool brief may be easier if you leave out benefits assessments or full intake questions. Follow the example of depression screening: your initial screening helps identify the potential need, while follow up questions with a clinician diagnose if the patient has depression and how to address it.

2 Choose validated* questions at the right level of precision

Identify targeted questions that match the need for your initiative and population. Watch out for broad questions that may generate false positives, narrow questions that do not catch enough patients, or questions that are relevant to specific patient demographics (e.g., pediatric or senior populations).

3 Integrate into clinical workflows

Social needs are part of a much larger patient journey and care plan. To successfully provide whole person care, we must expect providers to have the same understanding of patients' social needs as they do of their clinical needs — and then equip them with the tools to act on what they hear from patients.

4 Ask patients to prioritize

Just because a patient screens positive for social needs doesn't mean they would like help working on those needs. Talk to your patients about their priorities, goals and strengths to clarify whether there are useful ways for your health system to provide support services.

5 Pilot before scaling

Given that there is no one standardized screening tool used by all health systems today, you may find yourself designing a tool that takes questions from multiple instruments. To confirm your screening tool is truly patient-centered, we recommend running a short evaluation to test the tool with patients before offering the tool to your entire patient population.

**for the purposes of this toolkit, validity refers to a baseline threshold of construct and content validity*

RECOMMENDED SCREENING TOOL

Example introductory text: This form is available in other languages. If you do not speak English, call (800) 555-6666 (TTY: (800) 777-8888) to connect to an interpreter who will assist you at no cost.

Name: _____ Phone number: _____

Preferred Language: _____ Best time to call: _____

		Yes / No
	In the last 12 months*, did you ever **eat less than you felt you should** because there wasn't enough money for food?	Y N
	In the last 12 months, has the **electric, gas, oil, or water company threatened to shut off your services** in your home?	Y N
	Are you worried that in the next 2 months, you **may not have stable housing?**	Y N
	Do problems getting **child care make it difficult for you to work or study?** *(leave blank if you do not have children)*	Y N
	In the last 12 months, have you needed to see a doctor, **but could not because of cost?**	Y N
	In the last 12 months, have you ever had to go without health care because you didn't have **a way to get there?**	Y N
	Do you ever need help **reading hospital materials?**	Y N
	Do you often feel that **you lack companionship?**	Y N
	**Are any of your needs urgent?** For example: I don't have food tonight, I don't have a place to sleep tonight	Y N
	If you checked YES to any boxes above, **would you like to receive assistance** with any of these needs?	Y N

**time frames can be altered as needed*

FOR STAFF USE ONLY:

- Place a patient sticker to the right
- Give this form to the patient with patient packet
- PRINT your name and role below.

Staff Name: _____

Place patient sticker here

ADDITIONAL SOCIAL NEEDS SCREENING TOOLS

These tools include multiple domains, and are available for use by the public.

For additional information on the screening tools referenced below, please see the source listed.

The PRAPARE Tool	The PRAPARE assessment tool consists of a set of national core measures as well as a set of optional measures for community priorities. It was informed by research, the experience of existing social risk assessments, and stakeholder engagement. It aligns with national initiatives prioritizing social determinants (e.g., Healthy People 2020), measures proposed under the next stage of Meaningful Use, clinical coding under ICD-10, and health centers' Uniform Data System (UDS). PRAPARE emphasizes measures that are actionable. PRAPARE Electronic Health Record templates exist for eClinicalWorks, Epic, GE Centricity, and NextGen and are freely available to the public as part of our PRAPARE Implementation and Action Toolkit.
Accountable Health Communities Screening Tool	With input from a panel of national experts and after review of existing screening instruments, CMS developed a 10-item screening tool to identify patient needs in 5 different domains that can be addressed through community services (housing instability, food insecurity, transportation difficulties, utility assistance needs, and interpersonal safety). Clinicians and their staff can use this short tool across a spectrum of ages, backgrounds, and settings, and it is streamlined enough to be incorporated into busy clinical workflows. Just like with clinical assessment tools, results from this screening tool can be used to inform a patient's treatment plan as well as make referrals to community services.
We Care	The WE CARE clinical screening instrument was adapted from a larger family psychosocial screening instrument with test–retest reliability of 92.19 .For the current study, the survey consisted of 12 questions designed to identify the six basic needs and determine whether mothers wanted assistance with each need (Supplemental Appendix). The survey is written at a 3rd grade level and takes less than five minutes to complete.

RECOMMENDED SCREENING TOOL (SPANISH)

This is a Spanish version of the sample social needs screening tool – please tailor it based on your population, scope, and goals. This work is licensed under a Creative Commons Attribution-ShareAlike 4.0 International License.

Example introductory text: Este formulario está disponible en otros idiomas. Si no habla inglés, llame al (800) 555-6666 (TTY: (800) 777-8888) para conectarse con un intérprete que le ayudará gratis.

Nombre: _____ Teléfono: _____

Idioma preferido: _____ Mejor momento para llamarle: _____

		Sí / No
	En los últimos 12 meses, **¿comió menos de lo que creía que necesitaba** porque no le alcanzaba el dinero para la comida?	S N
	En los últimos 12 meses, **¿lo(a) amenazó con suspenderle el servicio** en su casa la compañía de electricidad, gas, combustible o agua?	S N
	¿Le preocupa **quedarse sin vivienda estable** en los próximos dos meses?	S N
	¿Conseguir cuidado de niños le **dificulta trabajar o estudiar?** (Dejar en blanco si no tiene niños.)	S N
	En los últimos 12 meses, ¿necesitó ver a un médico **pero no pudo por el costo?**	S N
	En los últimos 12 meses, ¿alguna vez dejó de recibir cuidados de salud porque **no tenía cómo llegar al sitio?**	S N
	¿Alguna vez necesita ayuda para **leer los materiales del hospital?**	S N
	A menudo **siento que me falta** compañía.	S N
	**¿Es urgente alguna de estas necesidades?** Por ejemplo: No tengo qué comer esta noche, no tengo dónde dormir esta noche.	S N
	Si marcó que sí a cualquiera de las casillas anteriores, **¿le gustaría recibir ayuda** con cualquiera de estas necesidades?	S N

PARA USO EXCLUSIVO DEL PERSONAL/FOR STAFF USE ONLY:

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Staff Name: _____

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SCREENING QUESTIONS LIBRARY

Additional Questions for Each Domain

This section provides more detail about the available screening questions in each social need domain. Please use these questions to customize your screening form based on the unique scope, goals and target population of your social needs program. To help you choose the right question for your screening form, every question is rated on three criteria:

1. Validated

Does the question come from a validated instrument?

- ✓ Question comes from validated instrument
- ✗ Question is not from a validated instrument

2. Precision

Are you looking to get a general understanding of social need prevalence in this domain, or a more specific focus?

- Use broad questions to pull in more respondents to build volume when capacity allows for deeper assessment.
- Use balanced questions to reduce false positives and false negatives. Balanced questions are more likely to identify general prevalence and presence of an unment social need.
- Use narrow questions when trying to identify respondents with acute unmet needs or as a means to manage volume.

3. Grade Level

Is the question readable for low literacy populations? It is recommended that written material be presented in plain language and not above a 5th grade reading level.

For more information about health communication standards, see:
https://www.cdc.gov/healthliteracy/developmaterials/guidancestandards.html

- 5th Written at a 5th grade level, which most adult populations will understand.
- 9th Written at a 9th grade level; some adults may not understand the question.

Checklist: Screening Tool Best Practices

Understanding a patient's social needs can be challenging: your patients may not speak or read English well, they may be concerned about divulging sensitive information such as immigration status, or they may have previously had negative experiences in attempting to address their social needs. The ideal screening process will begin to surface social needs by offering a tool that is easy to complete, questions that are simple for patients to understand and a screening process that is integrated into clinical workflows with clear next steps upon completion.

Use this best practice checklist to ensure your tool will be effective:

Simple, Effective Questions

- Come from validated tools or measures
- Written at a 5th grade reading level to be accessible for low literacy populations
- Focus on prevalence of need separately from interest in program enrollment
  - Prevalence Example: In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?
  - Interest in Program Enrollment Example: Would you like help getting healthy food for you or your family?
- Designed to open a conversation with your target population, while reducing the likelihood of misidentifying patients (balance of broad and specific)

Easy for Patients to Complete

- Visually appealing, concise and accessible
- Similar response options (e.g., all Yes/No, Likert scale, etc.) for each question
- Sequence questions, starting with relatively passive content to more sensitive content

Integrated into Clinical Workflow

- Identify workforce responsible for administering distribution of screens (e.g., registration, CHWs)
- Clarify workflow for distributing screens, capturing screening data and connecting patients to initiatives if they want assistance
- Provide staff training on social need workflows and responsibilities
- Analyze data on your screening funnel, including the number of patients who received the screening form; how many screened positive (i.e., have at least one social need); how many enrolled in your initiative; and the overall prevalence of different types of social needs

FOOD INSECURITY

Essential to include on your screening form

Examples: Limited or uncertain access to adequate food

Recommended Screening Question

In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?

Yes, No

Why we recommend this question: This question is from the USDA Household Food Survey and has been widely adopted as a standard question to ask when screening for food insecurity. It is written at a 7th grade reading level, which may be somewhat challenging for low-literacy populations to understand.

Alternative Options

	VALIDATED	PRECISION	GRADE LEVEL
The food that we bought just didn't last, and we didn't have money to get more. Was that often, sometimes, or never true for your household in the last 12 months? (USDA, The Hunger Vital Sign)			5th
Within the past 12 months we worried whether our food would run out before we got money to buy more. (USDA, The Hunger Vital Sign)			8th
We couldn't afford to eat balanced meals. Was that often, sometimes, or never true for you in the last 12 months? (USDA)			4th
In the past year, have you ever used a Food Pantry/Soup Kitchen or received a food donation? Yes, No (Children's HealthWatch)			7th

Sources & Additional Options

- Children's HealthWatch Survey Instrument 2013
- USDA Household Food Security Survey
- Children's HealthWatch Hunger VitalSign 2010

HOUSING INSTABILITY

Essential to include on your screening form

Examples: Homelessness, unsafe or unhealthy housing conditions, inability to pay mortgage/rent, frequent housing disruptions, eviction

Recommended Screening Question

Are you worried or concerned that in the next two months you may not have stable housing that you own, rent, or stay in as a part of a household?

Yes, No

Why we recommend this question: This question was written by the Veterans Administration and is a good proxy for immediate housing challenges. It comes from a validated instrument and is written at a 10th grade level, which may be somewhat challenging for low-literacy populations to understand.

Alternative Options

	VALIDATED	PRECISION	GRADE LEVEL
Do you think you are at risk of becoming homeless? Yes, No (WeCare)	✓		5th
Think about the place you live. Do you have problems with any of the following? Check all that apply: 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 (PRAPARE, adapted for AHC screen)	✗		5th

Sources & Additional Options

- Accountable Health Communities (AHC)
- PRAPARE
- Veterans Affairs Homelessness Screening Tool 2009

UTILITY NEEDS

Essential to include on your screening form

Examples: *Difficulty paying utility bills, shut off notices, access to phone*

Recommended Screening Question

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

Yes, No, Already Shut Off

Why we recommend this question: This question was adapted from Children's Health Watch for use in the AHC Screening Instrument. It comes from a validated instrument and is written at an 8th grade reading level, which may be challenging for low-literacy populations to understand. The precision rating for this question is neither too narrow nor too broad.

Alternative Options

	VALIDATED	PRECISION	GRADE LEVEL
Do you have trouble paying your heating bill for the winter? Yes, No (WeCare)			5th
In the last 12 months, have you ever used a cooking stove to heat the [house/apartment]? Yes, No (Children's HealthWatch)			4th
Since [name of current month] of last year, were there any days that your home was not heated because you couldn't pay the bills? Yes, No (Children's HealthWatch)			7th

Sources & Additional Options

- Children's HealthWatch Survey Instrument 2013
- WeCare Social Needs Screening Tool
- Accountable Health Communities (AHC)

FINANCIAL RESOURCE STRAIN

Essential to include on your screening form

Examples: *Inability to afford essential needs, financial literacy, medication under-use due to cost, benefits denial*

Recommended Screening Question

In the last 12 months, was there a time when you needed to see a doctor but could not because of cost?

Yes, No

Why we recommend this question: Questions about financial resource strain often produce a high false positive rate, as individuals and families at all incomes experience stress around money. This question provides a more targeted focus on health care access and poverty. The question was written as part of the Behavioral Risk Factor Survey, is clinically validated, and is written at a 7th grade level.

Alternative Options

	VALIDATED	PRECISION	GRADE LEVEL
In the last 12 months, did you skip medications to save money? (Medical Expenditure Panel Survey)	✓	▽	6th
Please indicate how often this describes you: I don't have enough money to pay my bills. Never, Rarely, Sometimes, Often, Always (Aldana & Liljenquist)	✓	▼	7th
Sometimes people find that their income does not quite cover their living costs. In the last 12 months, has this happened to you? Yes, No, Don't Know (OECD)	✓	▼	5th

Sources & Additional Options

- Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey 2011
- Aldana & Liljenquist, "Validity And Reliability Of A Financial Strain Survey"
- Behavioral Risk Factor Survey, CDC, 2012
- OECD, Measuring Financial Literacy 2015

TRANSPORTATION CHALLENGES

Essential to include on your screening form

Examples*: Difficulty accessing/affording transportation (medical or public)*

Recommended Screening Question

In the last six months, have you ever had to go without healthcare because you didn't have a way to get there?

Yes, No

Why we recommend this question: This question was written by Cunningham et al and published in the Medical Care journal, and is a good question to understand the impact of transportation issues on medical care. It comes from a validated instrument and is written at a 7th grade level, which may be somewhat challenging for low-literacy populations to understand.

Alternative Options

	VALIDATED	PRECISION	GRADE LEVEL
Do you put off or neglect going to the doctor because of distance or transportation? (Blazer)	✓		8th
In the past 12 months has lack of transportation kept you from medical appointments, meetings, work, or getting things for daily living? Check all that apply. 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 (PRAPARE, adapted for AHC screen)	✗		5th
Are you regularly able to get a friend or relative to take you to doctor's appointments? Yes, No (Borders)	✓		9th

Sources & Additional Options

- Blazer et al, Health Service Access and Use Among Older Adults 1995
- Borders, Transportation Barriers to Health Care 2006
- Cunningham et al, The Impact of Competing Subsistence Needs 1999
- PRAPARE
- Accountable Health Communities (AHC)

EXPOSURE TO VIOLENCE

Essential to include on your screening form

Examples*: Intimate partner violence, elder abuse, community violence*

OPTIONS

Consult with experts in your health system to understand what screening and support programs may already exist. Significant research has been conducted in this area and a single screening question is rarely enough to identify issues of intimate partner violence, elder abuse and/or community violence.

We recommend the following resources for additional information:

Intimate Partner Violence	CDC Intimate Partner/Victimization Assessment Instruments for Healthcare Settings Hurt, Insulted, Threated with Harm and Screamed (HITS)
Elder or Caregiver Abuse	University of Iowa Directory of Elder Abuse/Mistreatment Screening Instruments
	Frameworks Institute Elder Abuse Toolkit
Child Abuse	US Administration for Children & Families – List of Child Abuse/Trauma Screening Instruments
Community Violence	US Department of Justice – Exposure to Violence Instrument

SOCIO-DEMOGRAPHIC INFORMATION

Essential to include on your screening form

Recommended Demographics to Collect

The following socio-demographic data elements will be useful for identifying patients' social needs, as well as patients' eligibility for specific benefits or resources.

DEMOGRAPHIC FIELD	WHERE TO COLLECT	REASON FOR COLLECTING
Age (Date of Birth)	Already in EHR	May influence eligibility for resources or benefits, may help determine case complexity
Gender	Already in EHR	May influence eligibility for resources or benefits, may help determine case complexity
Race and Ethnicity	Already in EHR	May influence eligibility for resources or benefits, may help determine case complexity
Marital Status	Already in EHR	May influence eligibility for resources or benefits, may help determine case complexity
Education Level	Already in EHR	May help determine case complexity
Language(s) Spoken	Screening Form	Confirm at screening to ensure services are being provided in a language the patient understands
Health Insurance Status	Screening Form	Confirm at screening if the EHR may not be up fully updated; finding viable health insurance may be a need for the patient
Current Benefits Received	Screening or Intake	May help determine which resources or benefits to discuss with the patient
Sexual Orientation	Intake Conversation	May influence eligibility for resources or benefits, may help determine case complexity
Employment Status	Intake Conversation	Unemployment or under-employment may be a social need to discuss with the patient
Household Income	Intake Conversation	Influences eligibility for resources or benefits
Caring for Elder	Intake Conversation	May influence eligibility for resources or benefits, may help determine case complexity

CHILDCARE

Optional to include on your screening form

Examples: *Childcare, preschool, after-school programs, prenatal support services, kids clothing and supplies, summer programs*

Recommended Screening Question

Do problems getting childcare make it difficult for you to work or study?

Yes, No

Why we recommend this question: Finding an ideal childcare question can be challenging since families of all incomes and backgrounds may have difficulty finding appropriate care. We recommend this question because it focuses on the intersection between childcare and income issues. This question is clinically validated from the Survey of Income and Program Participation and written at a 6th grade level, which should be mostly accessible to lower literacy populations.

Alternative Options

	VALIDATED	PRECISION	GRADE LEVEL
Do your children usually get the breakfast that their school provides? Yes, No, Not Applicable (SIPP)	✓	▽	6th
During the past two years have you had a childcare subsidy taken away? Yes, No (Children's HealthWatch Survey)	✓	▽	6th
In the past three months, how often have you experienced childcare breakdowns? Often, Sometimes, Rarely, Never (NSCW)	✓	▼	5th
My family needs diapers, clothing, car seats and/or back to school supplies. Yes, No (Health Leads)	✗	▼	7th
In the past year, have you or any family members you live with been unable to get childcare when it was really needed? Yes, No (PRAPARE)	✗	▼	9th

Sources & Additional Options

- Children's HealthWatch Instrument 2013
- PRAPARE
- National Study of the Changing Workforce 2008
- US Census, Survey of Income and Program Participation 2008

EDUCATION

Optional to include on your screening form

Examples: *English as a Second Language (ESL/ESOL), high school equivalency (GED), college training programs, health literacy*

Recommended Screening Question

Do you ever need help reading medical materials?

Yes, No

Why we recommend this question: This question is commonly used to measure education level and health literacy, coming from the Short Test of Functional Health Literacy in Adults STOFHLA tool. It is written at an 10th grade reading level, which may be somewhat challenging for low-literacy populations to understand.

Alternative Options

	VALIDATED	PRECISION	GRADE LEVEL
Do you have a high school degree? Yes, No (WeCare)	✓	▼	1st
What is the highest level of schooling you have finished? Less than high school degree, high school diploma or GED, more than high school, I choose not to answer this question. (PRAPARE)	✗	▼	4th
How confident are you filling out medical forms by yourself? Extremely, Quite a bit, Somewhat, A little bit, Not at all (STOFHLA)	✓	▽	7th
How often do you have a problem understanding what is told to you about your medical condition? Always, Often, Sometimes, Occasionally, Never (STOFHLA)	✓	▽	10th

Sources & Additional Options

- Chew et al – STOFHLA – Brief Questions to Identify Patients with Inadequate Health Literacy
- PRAPARE
- WeCare Social Needs Screening Tool

EMPLOYMENT

Optional to include on your screening form

Examples: *English as a Second Language (ESL/ESOL), high school equivalency (GED), college training programs, health literacy*

Recommended Screening Question

During the last four weeks, have you been actively looking for work?

Yes, No

Why we recommend this question: This question comes from the U.S. Census. It is a decently broad question, although it may miss discouraged workers who have dropped out of a job search and may provide false positives for patients who are self-sufficient in their job search. It is written at a 5th grade reading level, which should be mostly accessible to lower literacy populations.

Alternative Options

	VALIDATED	PRECISION	GRADE LEVEL
What is your current work situation? Unemployed and seeking work, Part time or temporary work, Full tume work, otherwise unemployed but not seeking work (ex. student, retired, disabled, unpaid primary caregiver), I choose not to answer this question. (PRAPARE)	✗		9th
What was your main activity during most of the last 12 months? Worked for pay, attended school, household duties, unemployed, permanently unable to work, other (ILO)	✓		6th
Do you need help finding a local career center and/or job training program? Yes, No (Health Leads)	✗		7th
Do you have a job? Yes, No (WeCare)	✓		1st
Do you have a disability that prevents you from accepting any kind of work during the next six months? Yes, No (US Census)	✓		9th

Sources & Additional Options

- Health Leads Screening Tool
- International Labor Office
- US Census American Community Survey
- WeCare Social Needs Screening Tool

HEALTH BEHAVIORS, BEHAVIORAL/MENTAL HEALTH, SOCIAL ISOLATION & SUPPORT

Optional to include on your screening form

Most healthcare institutions already have screening instruments in place for tobacco use, alcohol and substance use, physical activity, diet, depression and/or social isolation. These are complex issues that will likely require a more highly skilled workforce to address than other types of social needs. Consult with experts in your health system to understand what screening and support programs may already exist for these domains.

Recommended Screening Question for Social Isolation

Do you often feel that you lack companionship?

Yes, No

Why we recommend this question: This question is adapted from the Revised UCLA Loneliness Scale, written at a 5th grade level, is from a validated short form instrument and is neither too narrow nor too precise.

Tobacco, Alcohol, and Substance Use	*Fagerstorm Test for Nictotine Dependence*
	Alcohol Use Disorders Identification Test
	NIDA Drug Screening Tool
Physical Activity and Diet	*Family Nutrition and Physical Activity Screener*
	General Health Survey
	Nutritional Screening Assessment Instrument
	Duke Health Profile
Behavioral/ Mental Health	*Patient Health Questionaire*
	Adverse Childhood Experiences
	Generalized Anxiety Disorder-7
	Georgetown University Center for Trauma Toolkit
Social Isolation and Support	*Patient Reported Outcomes Measurement Information Social Isolation*
	Duke Health Profile
	Revised UCLA Loneliness Scale (R-UCLA)
	Patient Activation Measures

About Health Leads

Health Leads is a U.S.-based non-profit organization working toward a vision of health, well-being and dignity for every person in every community. For more than 20 years, we've worked closely with hospitals and clinics to connect people to essentials like food, housing and transportation alongside medical care. Today, we're partnering with communities and their local organizations to address systemic causes of inequity and disease. We do this by removing barriers that keep people from identifying, accessing and choosing the resources everyone needs to be healthy.

Contact Us

To learn how Health Leads can help your organization develop a social needs program, email us at **solutions@healthleadsusa.org** today—or learn more at **www.healthleadsusa.org**.

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