

## PROVIDER FORM (long version)

**Underlined answer options indicate a positive response for a social need for the housing, food, transportation, and utilities categories.**

### HOUSING

1. What is your housing situation today?<sup>1</sup>
  - 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)<sup>1</sup>
  - 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.<sup>1</sup>
  - 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.<sup>1</sup>
  - 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)<sup>1</sup>
  - 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?<sup>1</sup>
  - Yes
  - No
  - Already shut off

**Underlined answer option indicates a positive response for a social need for the childcare, employment, education, and finances categories.**

### CHILD CARE

7. Do problems getting child care make it difficult for you to work or study?
  - Yes
  - No

### EMPLOYMENT

8. Do you have a job?
  - Yes
  - No

### EDUCATION

9. Do you have a high school degree?
  - Yes
  - No



## FINANCES

10. How often does this describe you:  
I don't have enough money to pay my bills:
- Never
  - Rarely
  - Sometimes
  - Often
  - Always

**A value greater than 10 when the numerical values for answers to the following questions are summed indicates a positive screen for personal safety.**

## PERSONAL SAFETY

11. How often does anyone, including family, physically hurt you?<sup>1</sup>
- Never (1)
  - Rarely (2)
  - Sometimes (3)
  - Fairly often (4)
  - Frequently (5)
12. How often does anyone, including family, insult or talk down to you?<sup>1</sup>
- Never (1)
  - Rarely (2)
  - Sometimes (3)
  - Fairly often (4)
  - Frequently (5)
13. How often does anyone, including family, threaten you with harm?<sup>1</sup>
- Never (1)
  - Rarely (2)
  - Sometimes (3)
  - Fairly often (4)
  - Frequently (5)
14. How often does anyone, including family, scream or curse at you?<sup>1</sup>
- Never (1)
  - Rarely (2)
  - Sometimes (3)
  - Fairly often (4)
  - Frequently (5)

**Sum of questions 11–14: \_\_\_\_\_**

**Greater than 10 equals positive screen for personal safety.**

## ASSISTANCE

15. 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.



# Social Determinants of Health Patient Action Plan

**Instructions:** The Patient Action Plan can be used with the American Academy of Family Physicians' (AAFP) social needs screening tool. Once you've identified the social need(s) of a patient from the screening tool, document resources and/or actions to assist with those needs.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

## Social Needs Resources and Actions

Housing | Resource and/or action:

Food | Resource and/or action:

Transportation | Resource and/or action:

Utilities | Resource and/or action:

Child care | Resource and/or action:



---

Employment | Resource and/or action:

---

Education | Resource and/or action:

---

Finances | Resource and/or action:

---

Personal Safety | Resource and/or action:

---

**Follow-up Plan:**

