

Social Needs Screening

Name _____ DOB _____ Date _____

HOUSING

1. 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?¹
 Yes
 No
2. Think about the place you live. Do you have problems with any of the following? (check all that apply)²
 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.³
 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.³
 Often true
 Sometimes true
 Never true

TRANSPORTATION

5. Do you put off or neglect going to the doctor because of distance or transportation?¹
 Yes
 No

UTILITIES

6. In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?⁴
 Yes
 No
 Already shut off

CHILD CARE

7. Do problems getting child care make it difficult for you to work or study?⁵
 Yes
 No

EMPLOYMENT

8. Do you have a job?⁶
 Yes
 No

EDUCATION

9. Do you have a high school degree?⁶
 Yes
 No

FINANCES

10. How often does this describe you? I don't have enough money to pay my bills.⁷
 Never
 Rarely
 Sometimes
 Often
 Always

PERSONAL SAFETY

11. How often does anyone, including family, physically hurt you?⁸
 Never (1)
 Rarely (2)
 Sometimes (3)
 Fairly often (4)
 Frequently (5)
12. How often does anyone, including family, insult or talk down to you?⁸
 Never (1)
 Rarely (2)
 Sometimes (3)
 Fairly often (4)
 Frequently (5)

13. How often does anyone, including family, threaten you with harm?⁸

- Never (1)
- Rarely (2)
- Sometimes (3)
- Fairly often (4)
- Frequently (5)

14. How often does anyone, including family, scream or curse at you?⁸

- Never (1)
- Rarely (2)
- Sometimes (3)
- Fairly often (4)
- Frequently (5)

ASSISTANCE

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

- Yes
- No

SCORING INSTRUCTIONS:

For the housing, food, transportation, utilities, child care, employment, education, and finances questions: Checked answers indicate a positive response for a social need for that category.

For the personal safety questions: A value greater than 10, when the numerical values are summed for answers to these questions, indicates a positive response for a social need for personal safety.

Sum of questions 11-14: _____

Greater than 10 equals positive screen for personal safety.