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

[ ]  Yes

[ ]  No

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

[ ]  Yes

[ ]  No

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

[ ]  Yes

[ ]  No

1. In the last 3 months, has the electric gas, oil or water company threatened to shut off services to you home?

[ ]  Yes

[ ]  No

1. In the last 3 months, has lack of transportation kept you from medical appointments or getting your medications?

[ ]  Yes

[ ]  No

1. In the last 3 months, did you have to skip buying medications or going to doctor’s appointments to save money?

[ ]  Yes

[ ]  No

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

[ ]  Yes

[ ]  No

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

[ ]  Yes

[ ]  No

1. Are you finding it so hard to get along with a partner, spouse, or family members that it is causing you stress?

[ ]  Yes

[ ]  No

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

[ ]  Yes

[ ]  No

Do you need help?

[ ]  Yes

[ ]  No

Phone Number:

## General Instructions

Montefiore-Einstein Social Determinants of Health Screen

As of: March 1, 2020

Disclaimer: This screening tool is a derivative of a Recommended Screening Tool by Health Leads (https://healthleadsusa.org/) licensed under a Creative Commons Attribution-ShareAlike 4.0 International License (https://creativecommons.org/licenses/by-sa/4.0/) and was adapted by Montefiore-Einstein’s Office of

Community and Population Health

## Specific Instructions