

Patient Name: _____

Date: _____

Date of Birth: _____

NYS Health Related Social Needs Screening Questionnaire

Housing/Utilities									
1. What is your living situation today?	I have a steady place to live I have a place to live today, but I am worried about losing it in the future I do not have a steady place to live (I am temporarily 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)								
2. Think about the place you live. Do you have problems with any of the following? CHOOSE ALL THAT APPLY.	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Pests such as bugs, ants or mice</td> <td style="width: 50%;">Oven or stove not working</td> </tr> <tr> <td>Mold</td> <td>Smoke detectors missing or not working</td> </tr> <tr> <td>Lead paint or pipes</td> <td>Water Leaks</td> </tr> <tr> <td>Lack of heat</td> <td>None of the Above</td> </tr> </table>	Pests such as bugs, ants or mice	Oven or stove not working	Mold	Smoke detectors missing or not working	Lead paint or pipes	Water Leaks	Lack of heat	None of the Above
Pests such as bugs, ants or mice	Oven or stove not working								
Mold	Smoke detectors missing or not working								
Lead paint or pipes	Water Leaks								
Lack of heat	None of the Above								
3. In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Yes</td> <td style="width: 50%;">Already Shut Off</td> </tr> <tr> <td>No</td> <td></td> </tr> </table>	Yes	Already Shut Off	No					
Yes	Already Shut Off								
No									
Food Security									
4. Within the past 12 months, you worried that your food would run out before you got money to buy more.	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Often true</td> <td style="width: 50%;">Never true</td> </tr> <tr> <td>Sometimes true</td> <td></td> </tr> </table>	Often true	Never true	Sometimes true					
Often true	Never true								
Sometimes true									
5. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Often true</td> <td style="width: 50%;">Never true</td> </tr> <tr> <td>Sometimes true</td> <td></td> </tr> </table>	Often true	Never true	Sometimes true					
Often true	Never true								
Sometimes true									
Transportation									
6. In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Yes</td> <td style="width: 50%;"></td> </tr> <tr> <td>No</td> <td></td> </tr> </table>	Yes		No					
Yes									
No									
Employment									
7. Do you want help finding or keeping work or a job?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Yes, help finding work</td> <td style="width: 50%;"></td> </tr> <tr> <td>Yes, help keeping work</td> <td></td> </tr> <tr> <td>I do not need or want help</td> <td></td> </tr> </table>	Yes, help finding work		Yes, help keeping work		I do not need or want help			
Yes, help finding work									
Yes, help keeping work									
I do not need or want help									
Education									
8. Do you want help with school or training? For example, starting or completing job training or getting a high school diploma, GED or equivalent?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Yes</td> <td style="width: 50%;"></td> </tr> <tr> <td>No</td> <td></td> </tr> </table>	Yes		No					
Yes									
No									
Interpersonal Safety									
Because violence and abuse happens to a lot of people and affects their health, we are asking the following questions.									
9. How often does anyone, including family and friends, physically hurt you?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Never (1)</td> <td style="width: 50%;">Fairly Often (4)</td> </tr> <tr> <td>Rarely (2)</td> <td>Frequently (5)</td> </tr> <tr> <td>Sometimes (3)</td> <td></td> </tr> </table>	Never (1)	Fairly Often (4)	Rarely (2)	Frequently (5)	Sometimes (3)			
Never (1)	Fairly Often (4)								
Rarely (2)	Frequently (5)								
Sometimes (3)									
10. How often does anyone, including family and friends, insult or talk down to you?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Never (1)</td> <td style="width: 50%;">Fairly Often (4)</td> </tr> <tr> <td>Rarely (2)</td> <td>Frequently (5)</td> </tr> <tr> <td>Sometimes (3)</td> <td></td> </tr> </table>	Never (1)	Fairly Often (4)	Rarely (2)	Frequently (5)	Sometimes (3)			
Never (1)	Fairly Often (4)								
Rarely (2)	Frequently (5)								
Sometimes (3)									
11. How often does anyone, including family and friends, threaten you with harm?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Never (1)</td> <td style="width: 50%;">Fairly Often (4)</td> </tr> <tr> <td>Rarely (2)</td> <td>Frequently (5)</td> </tr> <tr> <td>Sometimes (3)</td> <td></td> </tr> </table>	Never (1)	Fairly Often (4)	Rarely (2)	Frequently (5)	Sometimes (3)			
Never (1)	Fairly Often (4)								
Rarely (2)	Frequently (5)								
Sometimes (3)									
12. How often does anyone, including family and friends, scream or curse at you?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Never (1)</td> <td style="width: 50%;">Fairly Often (4)</td> </tr> <tr> <td>Rarely (2)</td> <td>Frequently (5)</td> </tr> <tr> <td>Sometimes (3)</td> <td></td> </tr> </table>	Never (1)	Fairly Often (4)	Rarely (2)	Frequently (5)	Sometimes (3)			
Never (1)	Fairly Often (4)								
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(Please proceed to the back side of this page for consent)

CONSENT

We use this survey to understand needs our patients have which could interfere with good health. We may share your answers with your other healthcare providers, and with your health plan and social services organizations, so they can determine if you qualify for any free non-medical services that could be helpful. Please check this box if you agree to continue. You can choose not to answer this survey, but we can only check for services if you do answer.

I accept

I decline

Patient Signature _____ **Date/Time** _____

Clinical Staff Signature _____ **Date/Time** _____