**Accountable Health Communities**

**Core Health-Related Social Needs Screening Questions**

For questions about housing, food, transportation, and utility needs underlined answer options indicate positive screens for the associated health-related social need. For interpersonal safety, a value greater than 10 when the numerical values for answers to questions 7-10 are summed indicates a positive screen.

**Housing Instability**

1. What is your housing situation today?1,2

□ 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)3

□ 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 Insecurity**

3. Within the past 12 months, you worried that your food would run out before you got money to buy more.4

□ 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.4

□ Often true

□ Sometimes true

□ Never true

**Transportation Needs**

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)1

□ 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

**Utility Needs**

6. In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?5

□ Yes

□ No

□ Already shut off

**Interpersonal Safety**

7. How often does anyone, including family, physically hurt you?6-8

□ Never (1)

□ Rarely (2)

□ Sometimes (3)

□ Fairly often (4)

□ Frequently (5)

8. How often does anyone, including family, insult or talk down to you?6-8

□ Never (1)

□ Rarely (2)

□ Sometimes (3)

□ Fairly often (4)

□ Frequently (5)

9. How often does anyone, including family, threaten you with harm?6-8

□ Never (1)

□ Rarely (2)

□ Sometimes (3)

□ Fairly often (4)

□ Frequently (5)

10. How often does anyone, including family, scream or curse at you?6-8

□ Never (1)

□ Rarely (2)

□ Sometimes (3)

□ Fairly often (4)

□ Frequently (5)

**Source**

Billioux, A., K. Verlander, S. Anthony, and D. Alley. 2017. Standardized screening for health-related social needs in clinical settings: The accountable health communities screening tool. Discussion Paper, National Academy of Medicine, Washington, DC. https://nam.edu/wp-content/uploads/2017/05/ Standardized-Screening-for-Health-Related-Social-Needsin-Clinical-Settings.pdf.

**References for individual questions**

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