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

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Community and Population Health

## Specific Instructions