

SOCIAL NEEDS SCREENING TOOL

Name: _____

Phone number: _____

		YES/NO
1.	In the last 12 months, did you ever eat less than you felt you should because there was not enough money for food?	<input type="checkbox"/> Y <input type="checkbox"/> N
2.	Are you worried that in the next 2 months, you may not have stable housing?	<input type="checkbox"/> Y <input type="checkbox"/> N
3.	In the last 12 months, have you needed to see a doctor, but could not because of cost?	<input type="checkbox"/> Y <input type="checkbox"/> N
4.	In the last 12 months, have you ever had to go without health care because you did not have a way to get there?	<input type="checkbox"/> Y <input type="checkbox"/> N
5.	Do you ever need help reading hospital materials?	<input type="checkbox"/> Y <input type="checkbox"/> N
6.	Are you afraid you might be hurt in your apartment building or house?	<input type="checkbox"/> Y <input type="checkbox"/> N

If you answered Yes to any of the questions above would you like the names of resources that can help you?

Yes

No