Name:	DOB:
Social Determinants	of Health Assessment
Social aspects of life affect your health, so your pat interested in learning about the existing social needs educational, and recreational. Of particular importa put your health at risk. Please respond to the follow	s and opportunities in your life – daily, work, nnce are those home or environmental factors that
	Utilities
Living Situation 1. Are you worried or concerned that in the next two months you may not have stable housing that you own, rent, or stay in as a part of the household?	6. In the past year, has the electric, gas, oil, or water company threatened to shut off services in your home? Yes No
Yes No	Child Care
2. Think about where you live. Do you have problems with any of the following:	7. Do problems with childcare make it difficult for you to work or study?
Bug Infestation	Yes No
Mold Lead Paint or pipes	For the remaining questions, please respond with: Never, Rarely, Sometimes, Often, Always
Inadequate heat Oven or stove not working	Finances
Zero or not working smoke detectors Water leaks None of the above	8. How often does this describe you: I don't have enough money to pay my bills.
Food	
3. Within the past year, were you worried that your	Personal Safety
food would run out before you had money to buy more?	9. How often does anyone, including family, insult to talk down to you?
Yes No	
4. Within the past year, did that happen?	10. How often does anyone, including family, physically hurt you?
Yes No	
Transportation	11. How often does anyone, including family, threaten you with harm?
5. In the past year, has lack of reliable transport kept you from medical appointments, work, or getting things needed for daily living?	
Yes No	Assistance
	12. Would you like help with any of these needs?

Yes No