



SDOH Screening Questions

Primary Care

1. Do you have a doctor (primary care physician) or nurse that you see regularly?

- Yes No Declined to Answer

Insurance

2. Do you have health insurance or a medical card?

- Yes No Declined to Answer

Housing

3. Do you currently have a place to stay/live?

- Yes No Declined to Answer

4. In the next 2 months will you have a place to stay/live?

- Yes No Declined to Answer

Food

5. Are you worried that your food will run out before you have money to buy more?

- Yes No Declined to Answer

6. In the last 2 months, have you run out of food that you bought, and didn't have money to get more?

- Yes No Declined to Answer

Utilities

7. In the last 2 months, have you had difficulty paying your electric, gas, or water bill?

- Yes No Declined to Answer

Transportation

8. Do you have a hard time finding transportation to and from your medical appointments?

- Yes No Declined to Answer

Additional information

9. Is there anything else in your life that's impacting your health that you want to share?

- Yes No Declined to Answer