



**SOCIAL
NEEDS
SCREENING
TOOLKIT**

SOCIAL NEEDS

The First Step in Your Social Needs Intervention

SCREENING TOOLKIT

Health care leaders and front-line clinicians have long recognized the connection between unmet basic resource needs – e.g. food, housing, and transportation – and the health of their patients. Indeed, research suggests that more than 70% of health outcomes are attributable to the social and environmental factors that patients face outside of the clinic or hospital.¹

One of the first steps to addressing social needs is asking your patients about this aspect of their lives. Building on [Health Leads'](#) 20 years of experience implementing these programs, as well as recent guidelines from the [Institute of Medicine](#) and [Centers for Medicare & Medicaid Services](#), this Social Needs Screening Toolkit shares the latest research on how to screen patients for social needs.

Published first in July 2016, this toolkit will be updated annually. Social needs programs and research are constantly evolving, so we welcome your feedback, ideas, and suggestions of questions to add to our library – please email us at screening-toolkit@healthleadsusa.org.

Health Leads would like to thank our many healthcare partners and advisors who contributed to this toolkit, including: Massachusetts General Hospital, Kaiser Permanente, Boston Medical Center, Johns Hopkins, NYC Health + Hospitals Corporation, Contra Costa Regional Medical Center, Cottage Health, Children's National Medical Center, and our many Workshop and Collaborative participants.



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Sources

- [University of Wisconsin County Health Rankings](#)
- [New England Healthcare Institute](#)



Essential Social Need Domains

Representing the most common social needs impacting the health of patients today, these domains are based on findings from IOM, CMS, and Health Leads' two decades of experience implementing social needs programs. We recommend all healthcare systems include these domains in a screening tool for social determinants of health.

SOCIAL NEED DOMAINS	EXAMPLES
Food Insecurity	Limited or uncertain access to adequate & nutritious food
Housing Instability	Homelessness, unsafe housing quality, inability to pay mortgage/rent, frequent housing disruptions, eviction
Utility Needs	Difficulty paying utility bills, shut off notices, discounted phone
Financial Resource Strain ²	Public cash benefits, charity emergency funds, financial literacy, medication under-use due to cost, benefit denial
Transportation	Difficulty accessing/affording transportation (medical or public)
Exposure To Violence ³	Intimate partner violence, elder abuse, community violence

² Questions about financial resource strain often produce a high false positive rate; review these questions carefully.

³ These categories will likely require a more highly skilled workforce than other types of social needs



Optional Social Need Domains

Depending on the goals of the initiative, these optional categories may be included on a social determinants of health screening tool.

SOCIAL NEED DOMAINS	EXAMPLES
Childcare	Childcare / preschool / after-school programs, prenatal support services, kids clothing and supplies, summer programs
Education	English as a Second Language (ESL/ESOL), high school equivalency (GED), college training programs, health literacy
Employment	Under-employment, unemployment, job training
Health Behaviors ³	Tobacco use, alcohol and substance use, physical activity, diet
Social Isolation & Supports ³	Lack of family and/or friend network(s), minimal community contacts, absence of social engagement
Behavioral/ Mental Health ³	Stress, anxiety, depression, psychological assets, trauma

³ These categories will likely require a more highly skilled workforce than other types of social needs

FIVE KEYS TO A GREAT SCREENING TOOL

Five Keys to a Great Screening Tool

Understanding a patient's social needs can be challenging: your patients may not speak or read English well, they may be concerned about divulging sensitive information such as immigration status, or they may have previously had negative experiences in attempting to address their social needs. So how do you ensure your screening process is patient-centered, while also achieving your population health research goals?

1. Make it short and simple

Patients have so many forms and questionnaires to complete when they visit a doctor these days, so we recommend that you keep your tool brief to ensure it is completed fully. We recommend your tool be:

- Short, with a maximum of 12 questions
- Written at a fifth grade reading level to accommodate low literacy populations
- Translated into other languages, ideally those that are most prevalent in your clinics

Keeping your screening tool brief may be easier if you leave out benefits assessments or full intake questions. Follow the example of depression screening: your initial screening helps identify the potential need, while follow up questions with a clinician diagnose if the patient has depression and how to address it.

2. Choose clinically validated questions at the right level of precision

Identify targeted questions that match the need for your intervention and population. Watch out for broad questions that may generate false positives, narrow questions that do not catch enough patients, or questions that are relevant to specific patient demographics (e.g., pediatric or senior populations).

3. Integrate into clinical workflows

Social needs are part of a much larger patient journey and care plan. To successfully provide whole person care, we must expect providers to have the same understanding of patients' social needs as they do of their clinical needs — and then equip them with the tools to act on what they hear from patients.

4. Ask patients to prioritize

Just because a patient screens positive for social needs doesn't mean they would like help working on those needs. Talk to your patients about their priorities, goals, and strengths to clarify whether there are useful ways for your health system to provide support services.

5. Pilot before scaling

Given that there is no one standardized screening tool used by all health systems today, you may find yourself designing a tool that takes questions from multiple instruments. To confirm your screening tool is truly patient-centered, we recommend running a short evaluation to test the tool with patients before offering the tool to your entire patient population.

Recommended Screening Tool

This is a sample social needs screening tool – please tailor it based on your population, scope, and goals.
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Example introductory text: This form is available in other languages. If you do not speak English, call (800) 555-6666 (TTY: (800) 777-8888) to connect to an interpreter who will assist you at no cost.

Name: _____

Phone number: _____

Preferred Language: _____

Best time to call: _____

		Yes / No
	In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?	<input type="checkbox"/> Y <input type="checkbox"/> N
	In the last 12 months, has your utility company shut off your service for not paying your bills?	<input type="checkbox"/> Y <input type="checkbox"/> N
	Are you worried that in the next 2 months, you may not have stable housing?	<input type="checkbox"/> Y <input type="checkbox"/> N
	Do problems getting child care make it difficult for you to work or study? <i>(leave blank if you do not have children)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N
	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
	In the last 12 months, have you ever had to go without health care because you didn't have a way to get there?	<input type="checkbox"/> Y <input type="checkbox"/> N
	Do you ever need help reading hospital materials?	<input type="checkbox"/> Y <input type="checkbox"/> N
	Are you afraid you might be hurt in your apartment building or house?	<input type="checkbox"/> Y <input type="checkbox"/> N
	If you checked YES to any boxes above, would you like to receive assistance with any of these needs?	<input type="checkbox"/> Y <input type="checkbox"/> N
	Are any of your needs urgent? For example: I don't have food tonight, I don't have a place to sleep tonight	<input type="checkbox"/> Y <input type="checkbox"/> N

FOR STAFF USE ONLY:

- Place a patient sticker to the right
- Give this form to the patient with patient packet
- PRINT your name and role below.

Staff Name: _____

Place patient sticker here

Recommended Screening Tool (Spanish)

This is a Spanish version of the sample social needs screening tool – please tailor it based on your population, scope, and goals. This work is licensed under a [Creative Commons Attribution-ShareAlike 4.0 International License](#).

Example introductory text: Este formulario está disponible en otros idiomas. Si no habla inglés, llame al (800) 555-6666 (TTY: (800) 777-8888) para conectarse con un intérprete que le ayudará gratis.

Nombre: _____

Teléfono: _____

Idioma preferido: _____

Mejor momento para llamarle: _____

		Sí / No
	En los últimos 12 meses, ¿comió menos de lo que creía que necesitaba porque no le alcanzaba el dinero para la comida?	<input type="checkbox"/> S <input type="checkbox"/> N
	En los últimos 12 meses, ¿le cortó una compañía un servicio público por no pagar sus cuentas?	<input type="checkbox"/> S <input type="checkbox"/> N
	¿Le preocupa quedarse sin vivienda estable en los próximos dos meses?	<input type="checkbox"/> S <input type="checkbox"/> N
	¿Conseguir cuidado de niños le dificulta trabajar o estudiar? (Dejar en blanco si no tiene niños.)	<input type="checkbox"/> S <input type="checkbox"/> N
	En los últimos 12 meses, ¿necesitó ver a un médico pero no pudo por el costo?	<input type="checkbox"/> S <input type="checkbox"/> N
	En los últimos 12 meses, ¿alguna vez dejó de recibir cuidados de salud porque no tenía cómo llegar al sitio?	<input type="checkbox"/> S <input type="checkbox"/> N
	¿Alguna vez necesita ayuda para leer los materiales del hospital?	<input type="checkbox"/> S <input type="checkbox"/> N
	¿Tiene miedo de lesionarse en su edificio de apartamentos o casa?	<input type="checkbox"/> S <input type="checkbox"/> N
	Si marcó que sí a cualquiera de las casillas anteriores, ¿le gustaría recibir ayuda con cualquiera de estas necesidades?	<input type="checkbox"/> S <input type="checkbox"/> N
	¿Es urgente alguna de estas necesidades? Por ejemplo: No tengo qué comer esta noche, no tengo dónde dormir esta noche.	<input type="checkbox"/> S <input type="checkbox"/> N

PARA USO EXCLUSIVO DEL PERSONAL/FOR STAFF
USE ONLY:

- Place a patient sticker to the right
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- PRINT your name and role below.

Staff Name: _____

Place patient sticker here

SCREENING QUESTIONS LIBRARY

Additional Questions for Each Domain

This section provides more detail about the available screening questions in each social need domain. Please use these questions to customize your screening form based on the unique scope, goals, and target population of your social needs program. To help you choose the right question for your screening form, every question is rated on three criteria:

1. Clinically Validated:

Does the question come from a clinically validated instrument?

-  Question comes from clinically validated instrument
-  Question has not yet been clinically validated

2. Precision:

Are you looking to get a general understanding of social need prevalence in this domain, or a more specific focus?

-  Broad question, some patients may incorrectly be flagged as having social needs
-  Balanced question
-  Narrow question, some patients with social needs may be missed

3. Grade Level:

Is the question readable for low literacy populations?

-  Written at a fifth grade level, which most adult populations will understand
-  Written at a ninth grade level, some adults may not understand the question

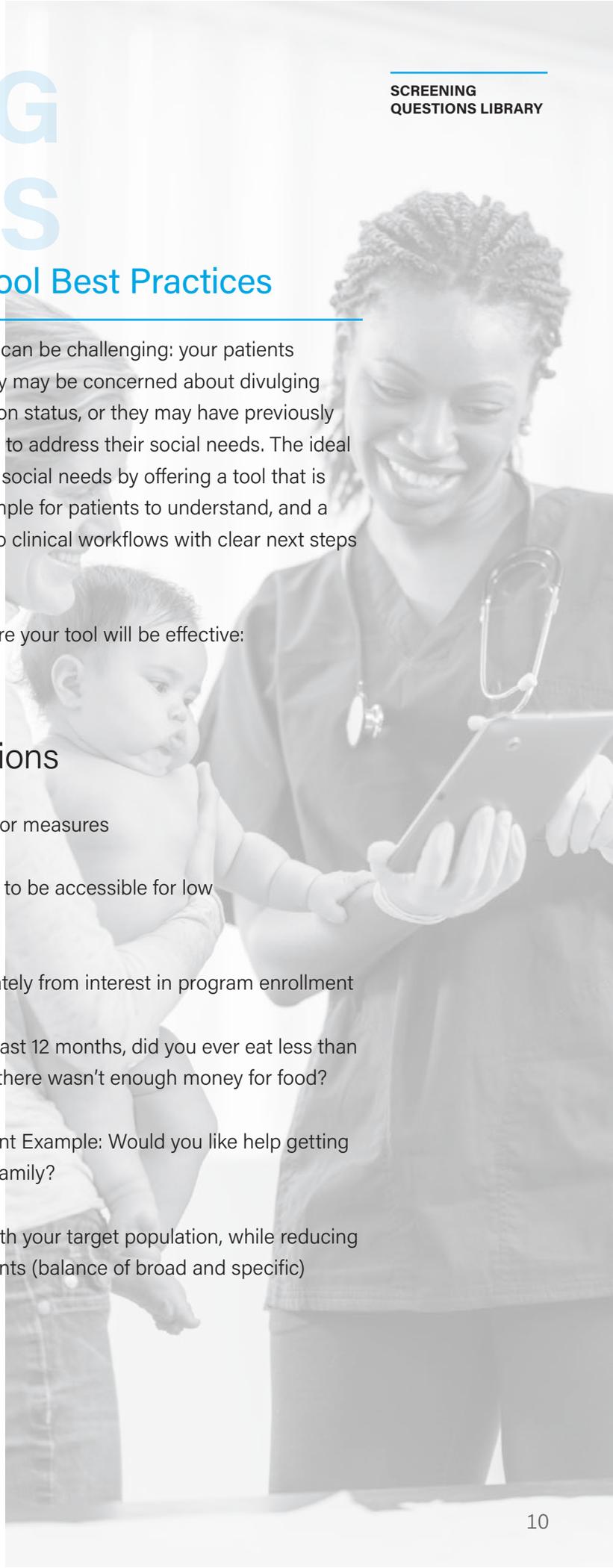
Checklist: Screening Tool Best Practices

Understanding a patient's social needs can be challenging: your patients may not speak or read English well, they may be concerned about divulging sensitive information such as immigration status, or they may have previously had negative experiences in attempting to address their social needs. The ideal screening process will begin to surface social needs by offering a tool that is easy to complete, questions that are simple for patients to understand, and a screening process that is integrated into clinical workflows with clear next steps upon completion.

Use this best practice checklist to ensure your tool will be effective:

Simple, Effective Questions

- ✓ Come from clinically validated tools or measures
- ✓ Written at a fifth grade reading level to be accessible for low literacy populations
- ✓ Focus on prevalence of need separately from interest in program enrollment
 - Prevalence Example: In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?
 - Interest in Program Enrollment Example: Would you like help getting healthy food for you or your family?
- ✓ Designed to open a conversation with your target population, while reducing the likelihood of misidentifying patients (balance of broad and specific)



SCREENING TOOL BEST PRACTICES

Easy for Patients to Complete

- ✓ Simple and brief (takes less than five minutes to complete)
- ✓ Contains at least one question from the essential social needs domains
- ✓ Presented in a format that works for your staff and patients (paper or electronic)
- ✓ Available in top three languages in your population and large print sizes if needed
- ✓ Visually appealing, concise, and accessible
- ✓ Similar response options (e.g., all Yes/No, Likert scale, etc.) for each question
- ✓ Sequenced questions starting with relatively passive content to more sensitive content

Integrated into Clinical Workflow

- ✓ Identify workforce responsible for administering/distributing screens (e.g., registration, CHWs)
- ✓ Clarify workflow for distributing screens, capturing screening data, and connecting patients to interventions if they want assistance
- ✓ Provide staff training on social need workflows and responsibilities
- ✓ Analyze data on your screening funnel, including the number of patients who received the screening form; how many screened positive (i.e., have at least one social need); how many enrolled in your intervention; and the overall prevalence of different types of social needs

FOOD INSECURITY

Essential to include on your screening form

Examples: Limited or uncertain access to adequate food

Recommended Screening Question

In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?

✓ Yes, No

Why we recommend this question: This question is from the USDA Household Food Survey and has been widely adopted as a standard question to ask when screening for food insecurity. It is written at a seventh grade reading level, which may be somewhat challenging for low-literacy populations to understand.

Alternative Options

	CLINICALLY VALIDATED	PRECISION	GRADE LEVEL
The food that we bought just didn't last, and we didn't have money to get more. Was that often, sometimes, or never true for your household in the last 12 months? (USDA, The Hunger Vital Sign)			5 th
Within the past 12 months we worried whether our food would run out before we got money to buy more. (USDA, The Hunger Vital Sign)			8 th
We couldn't afford to eat balanced meals. Was that often, sometimes, or never true for you in the last 12 months? (USDA)			4 th
In the past year, have you ever used a Food Pantry/Soup Kitchen or received a food donation? Yes, No (Children's HealthWatch)			7 th

Sources & Additional Options

- [Children's HealthWatch Survey Instrument 2013 \(These questions were selected from the two-item Children's HealthWatch Hunger Vital Sign™ screening tool. We recommend that both questions are included together whenever possible.\)](#)
- [IOM Capturing Social and Behavioral Domains and Measures in Electronic Health Records](#)
- [USDA Household Food Security Survey](#)

Essential to include on your screening form

Examples: Homelessness, unsafe housing quality, inability to pay mortgage/rent, frequent housing disruptions, eviction

Recommended Screening Question

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 a household?

✓ Yes, No

Why we recommend this question: This question was written by the Veterans Administration and is a good proxy for immediate housing challenges. It comes from a validated instrument and is written at a tenth grade level, which may be somewhat challenging for low-literacy populations to understand.

Alternative Options

	CLINICALLY VALIDATED	PRECISION	GRADE LEVEL
In the last month, have you slept outside, in a shelter, or in a place not meant for sleeping? Yes, No (Health Begins)			5 th
Do you think you are at risk of becoming homeless? Yes, No (WeCare)			5 th
Since [current month] of last year, was there a time when you were not able to pay the mortgage or rent on time? Yes, No (Children's HealthWatch)			6 th
How often in the past 12 months would you say you were worried or stressed about having enough money to pay your rent/mortgage? <i>Always, Usually, Sometimes, Rarely, Never</i> (CDC)			10 th

Sources & Additional Options

- [Centers for Disease Control and Prevention, 2014 Behavioral Risk Factor Surveillance System](#)
- [Children's HealthWatch Survey Instrument 2013](#)
- [HealthBegins Upstream Risks Screening Tool and Guide v2.6](#)
- [Veterans Affairs Homelessness Screening Tool 2009](#)

UTILITY NEEDS

Essential to include on your screening form

Examples: Difficulty paying utility bills, shut off notices, access to phone

Recommended Screening Question

In the past year, has the utility company shut off your service for not paying your bills?

✓ Yes, No

Why we recommend this question: This question was written by Children’s Health Watch and is a good proxy for utilities assistance needs. It comes from a validated instrument and is written at an eighth grade level, which may be somewhat challenging for low-literacy populations to understand.

Alternative Options

	CLINICALLY VALIDATED	PRECISION	GRADE LEVEL
Do you have trouble paying your heating bill for the winter? Yes, No (WeCare)			5 th
In the last 12 months, have you ever used a cooking stove to heat the [house/apartment]? Yes, No (Children’s HealthWatch)			4 th
Since [name of current month] of last year, were there any days that your home was not heated because you couldn’t pay the bills? Yes, No (Children’s HealthWatch)			7 th

Sources & Additional Options

- [Children’s HealthWatch Survey Instrument 2013 \(These questions were selected from the four-item Children’s HealthWatch energy insecurity indicator. We recommend that all four questions are included together whenever possible.\)](#)
- [WeCare Social Needs Screening Tool](#)

FINANCIAL RESOURCE STRAIN

Essential to include on your screening form

Examples: *Inability to afford basic needs, financial literacy, medication under-use due to cost, benefits denial*

Recommended Screening Question

In the last 12 months, was there a time when you needed to see a doctor but could not because of cost?

✓ Yes, No

Why we recommend this question: Questions about financial resource strain often produce a high false positive rate, as individuals and families at all incomes experience stress around money. This question provides a more targeted focus on health care access and poverty. The question was written as part of the Behavioral Risk Factor Survey, is clinically validated, and is written at a seventh grade level.

Alternative Options

	CLINICALLY VALIDATED	PRECISION	GRADE LEVEL
In the last 12 months, did you skip medications to save money? (Medical Expenditure Panel Survey)			6 th
Please indicate how often this describes you: I don't have enough money to pay my bills. <i>Never, Rarely, Sometimes, Often, Always</i> (Aldana & Liljenquist)			7 th
Sometimes people find that their income does not quite cover their living costs. In the last 12 months, has this happened to you? <i>Yes, No, Don't Know</i> (OECD)			5 th

Sources & Additional Options

- [Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey 2011](#)
- [Aldana & Liljenquist, "Validity And Reliability Of A Financial Strain Survey"](#)
- [Behavioral Risk Factor Survey, CDC, 2012](#)
- [OECD, Measuring Financial Literacy 2011](#)

TRANSPORTATION

Essential to include on your screening form

Examples: *Difficulty accessing/affording transportation (medical or public)*

TRANSPORTATION

Recommended Screening Question

In the last six months, have you ever had to go without health care because you didn't have a way to get there?

✓ Yes, No

Why we recommend this question: This question was written by Cunningham et al and published in the Medical Care journal, and is a good question to understand the impact of transportation issues on medical care. It comes from a validated instrument and is written at a seventh grade level, which may be somewhat challenging for low-literacy populations to understand.

Alternative Options

	CLINICALLY VALIDATED	PRECISION	GRADE LEVEL
Do you put off or neglect going to the doctor because of distance or transportation? (Blazer)			8 th
Does lack of money for transportation expenses, such as parking, make it difficult to get to the doctor or dentist? <i>Very Difficult, Difficult, Easy, Very Easy</i> (Borders)			11 th
Are you regularly able to get a friend or relative to take you to doctor's appointments? <i>Yes, No</i> (Borders)			9 th

Sources & Additional Options

- [Blazer et al, Health Service Access and Use Among Older Adults 1995](#)
- [Borders, Transportation Barriers to Health Care 2006](#)
- [Cunningham et al, The Impact of Competing Subsistence Needs 1999](#)

EXPOSURE TO VIOLENCE

EXPOSURE TO VIOLENCE

Essential to include on your screening form
Examples: Intimate partner violence, elder abuse, community violence

Recommended Screening Question

Are you afraid you might be hurt in your apartment building or house?

✓ Yes, No

Why we recommend this question: Exposure to violence is a sensitive subject that will likely require a more highly skilled workforce to address than other types of social needs. This question comes from the U.S. Department of Justice and is a robust option if you only have room for one question regarding exposure to violence. It is clinically validated and written at a fifth grade level, which should be mostly accessible to lower literacy populations.

Alternative Options

Consult with experts in your health system to understand what screening and support programs may already exist. Significant research has been conducted in this area and a single screening question is rarely enough to identify issues of intimate partner violence, elder abuse, and/or community violence.

We recommend the following resources for additional information:

Intimate Partner Violence	<u>CDC Intimate Partner/Victimization Assessment Instruments for Healthcare Settings</u>
Elder or Caregiver Abuse	<u>University of Iowa Directory of Elder Abuse/Mistreatment Screening Instruments</u>
	<u>National Initiative for the Care of the Elderly(Canada): Caregiver Abuse Screen</u>
Child Abuse	<u>US Administration for Children & Families – List of Child Abuse/Trauma Screening Instruments</u>
Community Violence	<u>US Department of Justice – Exposure to Violence Instrument</u>

SOCIO- DEMOGRAPHIC INFORMATION

Essential to include on your screening form

Recommended Demographics to Collect

The following socio-demographic data elements will be useful for identifying patients' social needs, as well as patients' eligibility for specific benefits or resources.

DEMOGRAPHIC FIELD	WHERE TO COLLECT	REASON FOR COLLECTING
Age (Date of Birth)	Already in EHR	May influence eligibility for resources or benefits, may help determine case complexity
Gender	Already in EHR	May influence eligibility for resources or benefits, may help determine case complexity
Race and Ethnicity	Already in EHR	May influence eligibility for resources or benefits, may help determine case complexity
Marital Status	Already in EHR	May influence eligibility for resources or benefits, may help determine case complexity
Education Level	Already in EHR	May help determine case complexity
Language(s) Spoken	Screening Form	Confirm at screening to ensure services are being provided in a language the patient understands
Health Insurance Status	Screening Form	Confirm at screening if the EHR may not be up fully updated; finding viable health insurance may be a need for the patient
Current Benefits Received	Screening or Intake	May help determine which resources or benefits to discuss with the patient
Sexual Orientation	Intake Conversation	May influence eligibility for resources or benefits, may help determine case complexity
Immigration Status	Intake Conversation	May influence eligibility for resources or benefits, may help determine case complexity
Employment Status	Intake Conversation	Unemployment or under-employment may be a social need to discuss with the patient
Household Income	Intake Conversation	Influences eligibility for resources or benefits
Caring for Elder	Intake Conversation	May influence eligibility for resources or benefits, may help determine case complexity

CHILDCARE

Optional to include on your screening form
Examples: *Childcare/preschool/after-school programs, prenatal support services, kids clothing and supplies, summer programs*

Recommended Screening Question

Do problems getting child care make it difficult for you to work or study?

✓ Yes, No

Why we recommend this question: Finding an ideal childcare question can be challenging since families of all incomes and backgrounds may have difficulty finding appropriate care. We recommend this question because it focuses on the intersection between childcare and income issues. This question is clinically validated from the Survey of Income and Program Participation and written at a sixth grade level, which should be mostly accessible to lower literacy populations.

Alternative Options

	CLINICALLY VALIDATED	PRECISION	GRADE LEVEL
Do your children usually get the breakfast that their school provides? <i>Yes, No, Not Applicable</i> (SIPP)			6 th
During the past two years have you had a child care subsidy taken away? <i>Yes, No</i> (Children's HealthWatch Survey)			6 th
In the past three months, how often have you experienced child care breakdowns? <i>Often, Sometimes, Rarely, Never</i> (NSCW)			5 th
My family needs diapers, clothing, car seats and/or back to school supplies. <i>Yes, No</i> (Health Leads)			7 th
Would availability of child care affect hours spent/attendance at schooling, training, employment or job search? <i>Yes, No</i> (NLSY)			11 th

Sources & Additional Options

- [Children's HealthWatch Instrument 2013](#)
- [National Longitudinal Survey of Youth 1982-2012](#)
- [National Study of the Changing Workforce 2008](#)
- [US Census, Survey of Income and Program Participation 2008](#)

EDUCATION

Optional to include on your screening form

Examples: *English as a Second Language (ESL/ESOL), high school equivalency (GED), college training programs, health literacy*

Recommended Screening Question

Do you ever need help reading hospital materials?

✓ Yes, No

Why we recommend this question: This question is commonly used to measure education level and health literacy, coming from the STOFHLA tool. It is written at a tenth grade reading level, which may be somewhat challenging for low-literacy populations to understand.

Alternative Options

	CLINICALLY VALIDATED	PRECISION	GRADE LEVEL
Do you have a high school degree? Yes, No (WeCare)			1 st
What is the highest level of schooling you have completed? (US Census)			6 th
How confident are you filling out medical forms by yourself? <i>Extremely, Quite a bit, Somewhat, A little bit, Not at all</i> (STOFHLA)			7 th
How often do you have a problem understanding what is told to you about your medical condition? <i>Always, Often, Sometimes, Occasionally, Never</i> (STOFHLA)			10 th

Sources & Additional Options

- [Chew et al - STOFHLA - Brief Questions to Identify Patients with Inadequate Health Literacy](#)
- [US Census American Community Survey](#)
- [WeCare Social Needs Screening Tool](#)

EMPLOYMENT

Optional to include on your screening form
Examples: Under-employment, unemployment, job training

Recommended Screening Question

During the last four weeks, have you been actively looking for work?

✓ Yes, No

Why we recommend this question: This question comes from the U.S. Census. It is a decent broad question, although it may miss discouraged workers who have dropped out of a job search and may provide false positives for patients who are self-sufficient in their job search. It is written at a fifth grade reading level, which should be mostly accessible to lower literacy populations.

Alternative Options

	CLINICALLY VALIDATED	PRECISION	GRADE LEVEL
Last week, did you work for pay at a job (or business)? Yes, No (US Census)			3 rd
What was your main activity during most of the last 12 months? Worked for pay, attended school, household duties, unemployed, permanently unable to work, other (ILO)			6 th
Do you need help finding a local career center and/or job training program? Yes, No (Health Leads)			7 th
Do you have a job? Yes, No (WeCare)			1 st
Do you have a disability that prevents you from accepting any kind of work during the next six months? Yes, No (US Census)			9 th

Sources & Additional Options

- [Health Leads Screening Tool](#)
- [International Labor Office](#)
- [US Census American Community Survey](#)
- [WeCare Social Needs Screening Tool](#)

HEALTH BEHAVIORS, BEHAVIORAL/MENTAL HEALTH, SOCIAL ISOLATION & SUPPORT

Optional to include on your screening form

Recommended Screening Question

Most healthcare institutions already have screening instruments in place for tobacco use, alcohol and substance use, physical activity, diet, depression, and/or social isolation. These are complex issues that will likely require a more highly skilled workforce to address than other types of social needs. Consult with experts in your health system to understand what screening and support programs may already exist for these domains.

We recommend the following resources for additional information:

Tobacco, Alcohol, and Substance Use	<i>National Council for Behavioral Health</i>
	<i>NIDA Drug Screening Tool</i>
Physical Activity and Diet	<i>Family Nutrition and Physical Activity Screener</i>
	<i>General Health Survey</i>
	<i>Nutritional Screening Assessment Instrument</i>
	<i>Duke Health Profile</i>
Behavioral/ Mental Health	<i>National Council for Behavioral Health</i>
	<i>ACES</i>
	<i>GAD-7</i>
	<i>Kessler Psychological Distress Scale (K10)</i>
Social Isolation and Support	<i>PROMIS Social Isolation</i>
	<i>Duke Health Profile</i>
	<i>Patient Activation Measures</i>

About Health Leads

Health Leads is a social enterprise that envisions a healthcare system that addresses all patients' basic resource needs as a standard part of quality care. For 20 years, Health Leads has worked with leading healthcare organizations to tackle social co-morbidities by connecting patients to the community-based resources they need to be healthy – from food to transportation to healthcare benefits. Health Leads is committed to leveraging its tools, expertise and direct services to change what “counts” as healthcare – and accelerate the leadership, best practices, incentives and research required to improve the health and well-being of patients.



Learn more at www.healthleadsusa.org, reach us at info@healthleadsusa.org
and follow us on [Twitter](#), [Facebook](#) and [LinkedIn](#).