

AccessHealth Spartanburg: Social Determinants Screening Tool

1. Do you have health insurance?

- Yes No

2. Have you applied for health insurance through the Marketplace?

- Yes No

3. What is the last grade you completed in school? _____

4. If you have a college degree, what in? _____

5. How would you rate your ability to read?

- Good Average Poor

6. How often do you need to have someone help you when you read instructions, pamphlets, or other written materials?

- Always Sometimes Never

7. Are you currently employed?

- Yes No

8. Have you ever served in the military? If yes, how were you discharged? _____

- Yes No

8a. If yes, have you applied for VA Benefits?

- Yes No

9. What are your current living arrangements? _____

10. How many are living in your household? _____

11. What is the combined monthly income of everyone living in your household? _____

12. Have you applied for or do you receive food stamps (SNAP) benefits?

- Yes No

ABOUT THIS SOCIAL DETERMINANTS OF HEALTH ASSESSMENT TOOL

This resource is a companion to the Center for Health Care Strategies' brief, *Screening for Social Determinants of Health in Populations with Complex Needs: Implementation Considerations*. The brief examines how organizations participating in *Transforming Complex Care (TCC)*, a multi-site national initiative funded by the Robert Wood Johnson Foundation, are assessing and addressing social determinants of health for populations with complex needs. To download the brief and view additional assessment tools, visit www.chcs.org/sdoh-screening/.

13. Have you applied for: If yes, what is the status of your application? _____

- Social Security Disability SSI Unemployment

14. How do you currently go to appointments/errands? _____

15. Do you eat a balanced diet?

- Yes No

16. Do you exercise? If yes, what type and how often? _____

- Yes No

17. Do you currently have a medical home? If yes, where? _____

- Yes No

18. What medical problems have you been diagnosed with? _____

19. What is your plan for managing your condition? _____

20. Do you have allergies? If yes, please list. _____

- Yes No

21. In the past 12 months, have you had any of the following?

- Mammogram Pap Test Prostate Exam
 Colonoscopy Flu Shot Pneumonia Shot

22. Do you practice safe sex?

- Yes No

23. Are you currently taking any prescribed or over the counter prescriptions? If yes, please list. _____

- Yes No

24. Do you have any issues affording your medications?

- Yes No

25. Have you been connected to Welvista?

- Yes No

26. Have you recently been hospitalized or had surgery? If yes, please list. _____

- Yes No

26a. If yes, did you receive follow-up care?

- Yes No

27. When was the last time you visited the emergency room and how often are the visits? _____

28. When was the last time you saw a dentist? _____

29. Do you have dental problems now? _____

30. When was the last time you saw an eye doctor? _____

31. Do you have any vision problems now? _____

32. Have you ever been treated for a mental health disorder? If yes, when were you treated and at what facility? _____

Yes No

33. Do you smoke or use chewing tobacco? How much? _____

Yes No

34. Do you use alcohol? How much? _____

Yes No

35. Do you use recreational drugs? What and how much? _____

Yes No

36. Have you ever been treated for substance abuse? If yes, when were you treated and at what facility? _____

Yes No

37. Are you a member of a church or spiritual community?

Yes No

38. Do you have a friend or family member who can help you through difficult times?

Yes No