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? 

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

34. Do you use alcohol? How much? 

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

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

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

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