Virginia Commonwealth University Health System: Social Needs Assessment*

Where is this assessment taking place?
- ☐ Inpatient
- ☐ Emergency department
- ☐ Patient’s home
- ☐ Complex care clinic
- ☐ Outpatient clinic
- ☐ Observational stay
- ☐ Phone

Social Needs Screening Tool

1. In the last month, did you ever eat less than you felt you should because there wasn't enough money for food?
   - ☐ Yes
   - ☐ No
   - ☐ N/A

1a. Would you like to receive assistance with this need?
   - ☐ Yes
   - ☐ No

1b. Is this need urgent?
   - ☐ Yes
   - ☐ No

2. In the last month, has your utility company shut off your service for not paying your bills?
   - ☐ Yes
   - ☐ No
   - ☐ N/A

2a. Would you like to receive assistance with this need?
   - ☐ Yes
   - ☐ No

2b. Is this need urgent?
   - ☐ Yes
   - ☐ No

3. Are you worried that in the next month, you may not have stable housing?
   - ☐ Yes
   - ☐ No
   - ☐ N/A

3a. Would you like to receive assistance with this need?
   - ☐ Yes
   - ☐ No

3b. Is this need urgent?
   - ☐ 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/](http://www.chcs.org/sdoh-screening/).

4. Do problems getting child care make it difficult for you to work or study? (Select ‘N/A’ if they do not have children)
   □ Yes □ No □ N/A

4a. Would you like to receive assistance with this need?
   □ Yes □ No

4b. Is this need urgent?
   □ Yes □ No

5. In the last month, have you needed to see a doctor, but could not because of cost?
   □ Yes □ No □ N/A

5a. Would you like to receive assistance with this need?
   □ Yes □ No

5b. Is this need urgent?
   □ Yes □ No

6. In the last month, have you ever had to go without health care because you didn’t have a way to get there?
   □ Yes □ No □ N/A

6a. Would you like to receive assistance with this need?
   □ Yes □ No

6b. Is this need urgent?
   □ Yes □ No

7. Do you ever need help reading hospital materials?
   □ Yes □ No □ N/A

7a. Would you like to receive assistance with this need?
   □ Yes □ No

7b. Is this need urgent?
   □ Yes □ No

8. Are you afraid you might be hurt in your apartment building or house?
   □ Yes □ No □ N/A

8a. Would you like to receive assistance with this need?
   □ Yes □ No

8b. Is this need urgent?
   □ Yes □ No

9. Would you have someone to help you if you were sick and needed to be in bed?
   □ Yes □ No □ N/A

10. Do you have someone to take you to a clinic or doctor’s office if you needed a ride?
    □ Yes □ No □ N/A

11. Does this person need referral to Care Coordination?
    □ Yes □ No

12. Does this person need a referral to financial screening?
    □ Yes □ No
The Veterans RAND 12 Item Health Survey (VR-12)

This questionnaire asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. Answer every question by marking the answer as indicated. If you are unsure how to answer a question, please give the best answer you can.

1. In general, would you say that your health is:
   - ☐ Excellent
   - ☐ Very good
   - ☐ Good
   - ☐ Fair
   - ☐ Poor

2. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

   2a. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf
   - ☐ Yes, limited a lot
   - ☐ Yes, limited a little
   - ☐ No, not limited at all

   2b. Climbing several flights of stairs
   - ☐ Yes, limited a lot
   - ☐ Yes, limited a little
   - ☐ No, not limited at all

3. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

   3a. Accomplished less than you would like
   - ☐ No, none of the time
   - ☐ Yes, a little of the time
   - ☐ Yes, some of the time
   - ☐ Yes, most of the time
   - ☐ Yes, all of the time

   3b. Were limited in the kind of work or other activities
   - ☐ No, none of the time
   - ☐ Yes, a little of the time
   - ☐ Yes, some of the time
   - ☐ Yes, most of the time
   - ☐ Yes, all of the time

4. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

   4a. Accomplished less than you would like
   - ☐ No, none of the time
   - ☐ Yes, a little of the time
   - ☐ Yes, some of the time
   - ☐ Yes, most of the time
   - ☐ Yes, all of the time

   4b. Didn’t do work or other activities as carefully as usual
   - ☐ No, none of the time
   - ☐ Yes, a little of the time
   - ☐ Yes, some of the time
   - ☐ Yes, most of the time
   - ☐ Yes, all of the time

5. During the past 4 weeks, how much did pain interfere with your normal work (including work outside the home and house work)?
   - ☐ Not at all
   - ☐ A little bit
   - ☐ Moderately
   - ☐ Quite a bit
   - ☐ Extremely

These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

6. How much of the time during the past 4 weeks:

   6a. Have you felt calm and peaceful?
   - ☐ All of the time
   - ☐ Most of the time
   - ☐ A good bit of the time
   - ☐ Some of the time
   - ☐ A little bit of the time
   - ☐ None of the time
6b. Did you have a lot of energy?
- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little bit of the time
- None of the time

6c. Have you felt downhearted and blue?
- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little bit of the time
- None of the time

7. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?
- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little bit of the time
- None of the time

Now, we'd like to ask you some questions about how your health may have changed.

8. Compared to one year ago, how would you rate your physical health in general now?
- Much better
- Slightly better
- About the same
- Slightly worse
- Much worse

9. Compared to one year ago, how would you rate your emotional problems (such as feeling anxious, depressed or irritable) now?
- Much better
- Slightly better
- About the same
- Slightly worse
- Much worse

Patient Activation Measure (PAM)

1. When all is said and done, I am the person who is responsible for taking care of my health
- Disagree Strongly
- Disagree
- Agree
- Agree Strongly
- N/A

2. Taking an active role in my own health care is the most important thing that affects my health
- Disagree Strongly
- Disagree
- Agree
- Agree Strongly
- N/A

3. I know what each of my prescribed medications do
- Disagree Strongly
- Disagree
- Agree
- Agree Strongly
- N/A

4. I am confident that I can tell whether I need to go to the doctor or whether I can take care of a health problem myself
- Disagree Strongly
- Disagree
- Agree
- Agree Strongly
- N/A

5. I am confident that I can tell a doctor concerns I have even when he or she does not ask
- Disagree Strongly
- Disagree
- Agree
- Agree Strongly
- N/A

6. I am confident that I can follow through on medical treatments I may need to do at home
- Disagree Strongly
- Disagree
- Agree
- Agree Strongly
- N/A

7. I have been able to maintain (keep up with) lifestyle changes, like eating right or exercising
- Disagree Strongly
- Disagree
- Agree
- Agree Strongly
- N/A

8. I know how to prevent problems with my health
- Disagree Strongly
- Disagree
- Agree
- Agree Strongly
- N/A

9. I am confident I can figure out solutions when new problems arise with my health
- Disagree Strongly
- Disagree
- Agree
- Agree Strongly
- N/A

10. I am confident that I can maintain lifestyle changes, like eating right and exercising, even during times of stress
- Disagree Strongly
- Disagree
- Agree
- Agree Strongly
- N/A