

# 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

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### 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/).

\* This tool was adapted from the Health Leads' Social Needs Screening Toolkit.

Available at: [https://healthleadsusa.org/wp-content/uploads/2016/07/Health-Leads-Screening-Toolkit-January-2017\\_highres.pdf](https://healthleadsusa.org/wp-content/uploads/2016/07/Health-Leads-Screening-Toolkit-January-2017_highres.pdf).

**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)

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*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)

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**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