

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## NYS Health Related Social Needs Screening Questionnaire

<b>Housing/Utilities</b>									
1. What is your living situation today?	I have a steady place to live I have a place to live today, but I am worried about losing it in the future I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)								
2. Think about the place you live. Do you have problems with any of the following? CHOOSE ALL THAT APPLY.	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Pests such as bugs, ants or mice</td> <td style="width: 50%;">Oven or stove not working</td> </tr> <tr> <td>Mold</td> <td>Smoke detectors missing or not working</td> </tr> <tr> <td>Lead paint or pipes</td> <td>Water Leaks</td> </tr> <tr> <td>Lack of heat</td> <td>None of the Above</td> </tr> </table>	Pests such as bugs, ants or mice	Oven or stove not working	Mold	Smoke detectors missing or not working	Lead paint or pipes	Water Leaks	Lack of heat	None of the Above
Pests such as bugs, ants or mice	Oven or stove not working								
Mold	Smoke detectors missing or not working								
Lead paint or pipes	Water Leaks								
Lack of heat	None of the Above								
3. In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?	Yes No								
<b>Food Security</b>									
4. Within the past 12 months, you worried that your food would run out before you got money to buy more.	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Often true</td> <td style="width: 50%;">Never true</td> </tr> <tr> <td>Sometimes true</td> <td></td> </tr> </table>	Often true	Never true	Sometimes true					
Often true	Never true								
Sometimes true									
5. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Often true</td> <td style="width: 50%;">Never true</td> </tr> <tr> <td>Sometimes true</td> <td></td> </tr> </table>	Often true	Never true	Sometimes true					
Often true	Never true								
Sometimes true									
<b>Transportation</b>									
6. In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?	Yes No								
<b>Employment</b>									
7. Do you want help finding or keeping work or a job?	Yes, help finding work Yes, help keeping work I do not need or want help								
<b>Education</b>									
8. Do you want help with school or training? For example, starting or completing job training or getting a high school diploma, GED or equivalent?	Yes No								
<b>Interpersonal Safety</b> Because violence and abuse happens to a lot of people and affects their health, we are asking the following questions.									
9. How often does anyone, including family and friends, physically hurt you?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Never (1) Rarely (2) Sometimes (3)</td> <td style="width: 50%;">Fairly Often (4) Frequently (5)</td> </tr> </table>	Never (1) Rarely (2) Sometimes (3)	Fairly Often (4) Frequently (5)						
Never (1) Rarely (2) Sometimes (3)	Fairly Often (4) Frequently (5)								
10. How often does anyone, including family and friends, insult or talk down to you?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Never (1) Rarely (2) Sometimes (3)</td> <td style="width: 50%;">Fairly Often (4) Frequently (5)</td> </tr> </table>	Never (1) Rarely (2) Sometimes (3)	Fairly Often (4) Frequently (5)						
Never (1) Rarely (2) Sometimes (3)	Fairly Often (4) Frequently (5)								
11. How often does anyone, including family and friends, threaten you with harm?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Never (1) Rarely (2) Sometimes (3)</td> <td style="width: 50%;">Fairly Often (4) Frequently (5)</td> </tr> </table>	Never (1) Rarely (2) Sometimes (3)	Fairly Often (4) Frequently (5)						
Never (1) Rarely (2) Sometimes (3)	Fairly Often (4) Frequently (5)								
12. How often does anyone, including family and friends, scream or curse at you?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Never (1) Rarely (2) Sometimes (3)</td> <td style="width: 50%;">Fairly Often (4) Frequently (5)</td> </tr> </table>	Never (1) Rarely (2) Sometimes (3)	Fairly Often (4) Frequently (5)						
Never (1) Rarely (2) Sometimes (3)	Fairly Often (4) Frequently (5)								

Patient Signature \_\_\_\_\_

Date/Time \_\_\_\_\_

Clinical Staff Signature \_\_\_\_\_

Date/Time \_\_\_\_\_