

Health-Related Social Needs Screening Question Bank

Introduction

This question bank was created to assist organizations in selecting questions to assess health-related social needs (HRSN) of their patients. Questions are organized by five social needs domains derived from the screening tools included in our standards and resource compendium. This current resource also includes a description of the skills necessary for engaging in sensitive screening conversations, sample scripts, suggested approaches and screening methods, and an interactive tool that analyzes text to determine grade reading level.

Social Need Domains

This Social Needs Question Bank focuses on the social need domains below. There are social need domains beyond these, but this is a good place for organizations to start.

Food Insecurity

**Housing
Instability**

**Transportation
Challenges**

**Education &
Literacy**

**Difficulty Paying
for Prescriptions
or Medical Bills**

This table provides some characteristics of the screening tools from which we selected questions.

Screening Tool Characteristics	SOCIAL NEEDS SCREENING TOOLS				
	AAFP ¹	AHC ²	BMC-Thrive ³	Health Leads ⁴	PRAPARE ⁵
Number of social needs questions	15	19	11	10	17
Number of non-social needs questions	0	8	0	0	4
Patient or clinic population	Non-specific	Medicare and Medicaid	Non-specific	Non-specific	Community Health Centers
Reading Level*	7th grade	8th grade	7th grade	6th grade	8th grade
Additional Languages	No	No	No	No	Yes (25)**
Scoring	Yes	Yes	No	No	No
Cost	Free	Free	Free	Free	Free
Domains					
• Food insecurity	X	X	X	X	X
• Housing Instability	X	X	X	X	X
• Transportation Challenges	X	X	X	X	X
• Education & Literacy	X	X	X	X	X
• Difficulty Paying for Prescriptions or Medical Bills			X	X	X

Source: Adapted from Siren. <https://sirenetwork.ucsf.edu/tools-resources/resources/screening-tools-comparison>

*Reading level assessed using <http://www.readabilityformulas.com/free-readability-formula-tests.php>

**Translated versions of the tool (25 languages) can be found at <https://prapare.org/the-prapare-screening-tool/>

FOOD INSECURITY

In the last 12 months [timeline may be altered], did you ever eat less than you felt you should because there wasn't enough money for food? [Response options: Yes / No]¹.

We couldn't afford to eat balanced meals. Was that often, sometimes, or never true for you in the last 12 months? [Response options: Yes / No]^{1,4}

The food that we bought just didn't last, and we didn't have money to get more. Was that often, sometimes, or never true for your household in the last 12 months?⁴

In the past year, have you ever used a Food Pantry/Soup Kitchen or received a food donation? [Response options: Yes / No]⁴

Within the past 12 months we worried whether our food would run out before we got money to buy more. [Response options: Yes / No]^{1,2,4}

Within the past 12 months, the food you bought just didn't last and you didn't have money to get more. [Response options: Often true / Sometimes true / Never true]^{1,2,3,4}

Within the past 12 months, you worried whether your food would run out before you got money to buy more. [Response options: Often true / Sometimes true / Never true]^{3,4}

Is this an emergency, do you need food for tonight? [Response options: Yes / No]³

In the past year, have you or any family members you live with been unable to get food when it was really needed? [Response options: Yes / No / I choose not to answer this question]⁵

HOUSING INSTABILITY

Do you think you are at risk of becoming homeless? [Response options: Yes / No]³

Think about the place you live. Do you have problems with any of the following? Check all that apply: Bug infestation, mold, lead paint or pipes, inadequate heat, oven or stove not working, no or not working smoke detectors, water leaks, none of the above ^{1,2}

In the last month, have you slept outside, in a shelter, or in a place not meant for sleeping? [Response options Yes / No]⁴

What is your living situation today? [Response options: 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) / I choose not to answer this question]^{1,2,5}

Do you currently live in a shelter or have no steady place to sleep at night? [Response options: Yes/No]³

What is your housing situation today? [Response options: I have housing / I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park) / I choose not to answer this question]⁵

Are you worried about losing your housing? [Response options: Yes / No / I choose not to answer]⁵

TRANSPORTATION CHALLENGES

In the past 12 months has lack of transportation kept you from medical appointments, meetings, work, or getting things for daily living? Check all that apply. [Response options: Yes, it has kept me from medical appointments or getting medications / Yes, it has kept me from non-medical meetings, appointments, work, or getting things that I need / No]^{1,2,4,5}

Do you put off or neglect going to the doctor because of distance or transportation? [Response options: Yes / No]⁴

Are you regularly able to get a friend or relative to take you to doctor's appointments? [Response options: Yes / No]⁴

Do you have trouble getting transportation to medical appointments? [Response options: Yes / No]³



EDUCATION & LITERACY

Do you have a high school degree? [Response options: Yes / No]⁴

What is the highest level of schooling you have finished? [Response options: Less than high school degree / high school diploma or GED / more than high school / I choose not to answer this question].⁴

How confident are you filling out medical forms by yourself? [Response options: Extremely / Quite a bit / Somewhat / A little bit / Not at all]⁴

How often do you have a problem understanding what is told to you about your medical condition? [Response options: Always / Often / Sometimes / Occasionally / Never]⁴

What language are you most comfortable speaking? [Response option: Open ended]⁵

Are you interested in more education? [Response options: Yes / No]³

[Automatic Readability Checker](#)

This interactive tool takes a sample of your writing and calculates the number of sentences, words, syllables, and characters in your sample. The program takes the output of these numbers and plugs them into seven popular readability formulas. These readability formulas will let you know the reading level and grade level of your text and help you determine if your audience can read your writing.

DIFFICULTY PAYING FOR PRESCRIPTIONS OR MEDICAL BILLS

In the last 12 months, did you skip medications to save money? [Response options: Yes / No]⁴

Please indicate how often this describes you: I don't have enough money to pay my bills. [Response options: Never / Rarely / Sometimes / Often / Always]⁴

Do you have trouble paying for medicines? [Response options: Yes / No]³

How often does this describe you: I don't have enough money to pay my bills / Never / Rarely / Sometimes / Often / Always¹





Skills for Engaging in Sensitive Screening Conversations

Cultural Competency	Motivational Interviewing	Active Listening	Empathic Inquiry	Asset-based	Trauma-informed
<ul style="list-style-type: none">•The ability to interact effectively with people from different cultures.	<ul style="list-style-type: none">• Counseling method that helps people resolve challenges and find the internal motivation to change their behavior.	<ul style="list-style-type: none">•Technique where the listener fully concentrates, understands, responds and remembers what is being said.	<ul style="list-style-type: none">•The technique that integrates motivational interviewing and trauma-informed care to facilitate collaboration and emotional support.	<ul style="list-style-type: none">•An approach to care that focuses on the individual's strengths and potentials.	<ul style="list-style-type: none">•A framework that involves understanding and responding to behaviors/ actions and needs as a result of trauma.

Source: American Hospital Association, Screening for Social Needs: Guiding Care Teams to Engage Patients (2019)

Who Conducts the Screening and How?

Organizations have implemented different methods for screening for HRSNs. Several screening approaches, which can be used alone or in combination, are described below:

	Verbal in Person	A physician, social worker, care manager or medical assistant screens for HRSNs during an in-person appointment
	Verbal Remote	A care manager or other practitioner tele[phones the individual and screens for HRSN between appointments. Results are discussed during the appointment or reviewed by the practitioner later.
	Written	The individual fills out a written HRSN assessment in the office before an appointment or online or via mail. Results are discussed during the appointment or reviewed by the practitioner later.
	Kiosk / Tablet	The individuals fill out a written HRSN assessment via kiosk or tablet in the waiting room before an appointment. Results are discussed during the appointment or reviewed by the practitioner later.

Source: Adapted from NCQA Social Determinants of Health Resource Guide (2020)

Sample Scripts for Sensitive Screening Questions

Example 1: “This screening tool is being offered to help connect you to services in your community that may improve your health. Many of these services are low cost or free of charge. By answering these questions, we may be able to provide you with connections to services or programs that may help you. Your information will be kept confidential except where law requires mandatory reporting. The information that you provide will not affect your insurance. You should answer the questions in your own way. There are no right or wrong answers.”²

Example 2: “Your health and wellness are very important to us at [organization]. Too often, when folks are struggling with non-medical needs that can impact health, like housing or food, they don’t get the help they need. [Organization] participates in [screening program name] because we really care about meeting all our patients’ needs. This program connects you to resources in the community that may improve your health. Many of these services are low cost or free of charge. You may be eligible for free personal assistance to connect to community resources. If so, a member of our team will call you from a [organization] phone number.”²

Example 3: We encourage you to participate in this short screening today, even if you don’t need any resources. The information you share with us will not affect your insurance or the services you receive from your health care provider. There is no requirement to answer any question, and you may end the screening at any point. The information you share will become part of your confidential health record to help your health care providers understand your needs. If you agree, we may verbally discuss your needs with community agencies that may help resolve your needs. You can change your mind at any time by contacting [organization’s phone number or email].”²

References

1. American Academy of Family Physicians (AAFP) www.aafp.org/dam/AAFP/documents/patient_care/everyone_project/hops19-physician-form-sdoh.pdf
2. Accountable Health Communities (AHC) Health-Related Social Needs Screening Tool. <https://innovation.cms.gov/files/worksheets/ahcm-screeningtool.pdf>
3. Boston Medical Thrive Screening. <https://sirenetwork.ucsf.edu/sites/default/files/2021-02/BMC-THRIVE.pdf>
4. Health Leads Social Needs Screening Toolkit. <https://healthleadsusa.org/resources/the-health-leads-screening-toolkit/>
5. PRAPARE Screening Tool. National Association of Community Health Centers. <https://prapare.org/the-prapare-screening-tool/>