## **AHC HRSN Screening Tool Core Questions**

If someone chooses the underlined answers, they might have an unmet health-related social need.

## **Living Situation**

Living Situation				
1.	<ul> <li>What is your living situation today?</li> <li>☑ I have a steady place to live</li> <li>☐ I have a place to live today, but I am worried about losing it in the future</li> <li>☐ 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)</li> </ul>			
2.	Think about the place you live. Do you have problems with any of the following?  CHOOSE ALL THAT APPLY  Pests such as bugs, ants, or mice  Mold  Lead paint or pipes  Lack of heat  Oven or stove not working  Smoke detectors missing or not working  Water leaks  None of the above			
Food				
Some people have made the following statements about their food situation. Please answer whether the statements were OFTEN, SOMETIMES, or NEVER true for you and your household in the last 12 months.				
3.	Within the past 12 months, you worried that your food would run out before you got money to buy more.  □ Often true □ Sometimes true □ Never true			

<ul> <li>4. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.</li> <li>□ Often true</li> <li>□ Sometimes true</li> <li>☑ Never true</li> </ul>			
Transportation			
<ul> <li>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?</li> <li>☐ Yes</li> <li>☑ No</li> </ul>			
Utilities			
<ul> <li>6. In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?</li> <li>□ Yes</li> <li>⋈ No</li> <li>□ Already shut off</li> </ul>			
Safety			
Because violence and abuse happens to a lot of people and affects their health we are asking the following questions.			
<ul> <li>7. How often does anyone, including family and friends, physically hurt you?</li> <li>☑ Never (1)</li> <li>☐ Rarely (2)</li> <li>☐ Sometimes (3)</li> <li>☐ Fairly often (4)</li> <li>☐ Frequently (5)</li> </ul>			

8.	How often does anyone, including family and friends, insult or talk down to you?			
	×	Never ( <u>1</u> )		
		Rarely ( <u>2</u> )		
		Sometimes (3)		
		Fairly often (4)		
		Frequently ( <u>5</u> )		
9.		Never $(\underline{1})$ Rarely $(\underline{2})$ Sometimes $(\underline{3})$ Fairly often $(\underline{4})$ Frequently $(\underline{5})$		
10	. Ho	ow often does anyone, including family and friends, scream or curse at you?		
	☒	Never ( <u>1</u> )		
		Rarely ( <u>2</u> )		
		Sometimes (3)		
		Fairly often (4)		
		Frequently ( <u>5</u> )		
		e of 11 or more when the numerical values for answers to questions 7-10 are added that the person might not be safe.		
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