



Upstream Risks Screening Tool

“Everyone deserves the opportunity to have a safe, healthy place to live, work, eat, sleep, learn and play. Problems or stress in these areas can affect health. We ask our patients about these issues because we may be able to help.”

Question	Response	For Staff only: Review	Referral Plan Complete?
What's your name?	<div> <div>First</div> <div>Last</div> </div>		
What's your date of birth?	<div> <div>Day</div> <div>Month</div> <div>Year</div> </div>		
1a. What is the highest level of school you have completed? Check one.	<div> <div>Elementary School</div> <div>High School</div> <div>College</div> <div>Graduate / Professional School</div> </div>		
1b. What is the highest degree you earned? Check one.	<div> <div>High school diploma</div> <div>GED</div> <div>Vocational certificate (post high school or GED)</div> <div>Associate's degree (junior college)</div> <div>Bachelor's degree</div> <div>Master's degree</div> <div>Doctorate</div> </div>		
1c. Are you concerned about your child's learning, performance, or behavior in school?	<div> <div>YES</div> <div>NO</div> <div>Not applicable</div> </div>		
2. Choose one of the following. Which best describes your current occupation?	<div> <div>Homemaker, not working outside the home</div> <div>Employed (or self-employed) full time</div> <div>Employed (or self-employed) part time</div> <div>Employed, but on leave for health reasons</div> <div>Employed but temporarily away from my job (other than health reasons)</div> </div>		

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*Several domains have been adapted from (Institute of Medicine). 2014. Capturing social and behavioral domains and measures in electronic health records: Phase 2. Washington, DC: The National Academies Press

	Unemployed or laid off 6 months or less Unemployed or laid off more than 6 months Unemployed due to a disability Retired from my usual occupation and not working Retired from my usual occupation but working for pay Retired from my usual occupation but volunteering		
3. What is your marital status? Check one.	Married Living with partner Widowed Divorced Separated Never married		
4a. In a typical week, how many times do you talk on the telephone with family, friends, or neighbors?	Number of times per week _____		
4b. How often do you get together with friends or relatives?	Number of times per week _____		
4c. How often do you attend religious or faith-based services?	Number of times per year _____		
4d. How often do you attend meetings of the clubs or organizations you belong to?	Number of times per year _____		
5a. On average, how many days per week do you engage in moderate to strenuous exercise (like walking fast, running, jogging, dancing, swimming, biking, or other activities that cause a light or heavy sweat)?	Days per week _____		
5b. On average, how many minutes do you engage in exercise at this level? Check one.	Number of minutes 0 10 20 30 40 60 90 120		

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	150 or greater		
6. Do you have concerns about any immigration matters for you or your family?	YES NO		
7a. Do you ever have problems making ends meet at the end of the month?	YES NO		
7b. How hard is it for you to pay for the very basics like food, housing, medical care, and heating? Would you say it is..	Very hard Somewhat hard Not hard at all		
8a. In the last month, have you slept outside, in a shelter, or in a place not meant for sleeping?	YES NO		
8b. In the last month, have you had concerns about the condition or quality of your housing?	YES NO		
8c. In the last 12 months, how many times have you or your family moved from one home to another?	Number of moves in past 12 months _____		<input type="checkbox"/>
9. Which of the following describes the amount of food your household has to eat: (Check one.)	Enough to eat Sometimes not enough to eat Often not enough to eat		
10a. How many pieces of fruit, of any sort, do you eat on a typical day?	Number of pieces/ day _____		
10b. How many portions of vegetables, excluding potatoes, do you eat on a typical day?	Number of portions/ day _____		
11. How often is it difficult to get transportation to or from your medical or follow-up appointments?	Does not apply Never Sometimes Often Always		
12. Do you have any concerns about safety in your neighborhood?	YES NO		

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13a. Within the last year, have you been humiliated or emotionally abused in other ways by your partner or ex-partner?	YES NO		
13b. Within the last year, have you been afraid of your partner or ex-partner?	YES NO		
13c. Within the last year, have you been raped or forced to have any kind of sexual activity by your partner or ex-partner?	YES NO		
13d. Within the last year, have you been kicked, hit, slapped, or otherwise physically hurt by your partner or ex-partner?	YES NO		
14. Stress means a situation in which a person feels tense, restless, nervous, or anxious, or is unable to sleep at night because his/her mind is troubled all the time. Do you feel this kind of stress these days?	Not at all A little bit Somewhat Quite a bit Very much		
15. Would you like help registering to vote?	YES NO		
For Staff only: Review answers		Total _____	
Reviewed by: _____ Date: _____			

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