

Which Caregiver was involved? (Client Name) _____

Date of Activity: _____

Program

- Becoming a Mom
- Family Planning
- Maternal Child Health (MCH/M&I)
- Pregnancy Maintenance Initiative (PMI)
- Teen Pregnancy (TPTCM)
- Kansas Connecting Communities (KCC)

Social Needs Screening

Non-medical social needs have a large impact on a person's health and wellbeing. Select the response that best describes you.

Housing

1. Are you worried or concerned that in the next two months you may not have stable housing that you own, rent, or stay in as a part of a household?

Yes

No

2. 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

Food

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

4. Within the past 12-months, the food you bought just didn't last and you didn't have money to get more.

Often true

Sometimes true

Never true

References:

https://www.aafp.org/dam/AAFP/documents/patient_care/everyone_project/hops19-physician-guide-sdoh.pdf

Transportation

5. Do you put off or neglect going to the doctor because of distance or transportation?

Yes

No

Utilities

6. In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?

Yes

No

Already shut off

Child Care

7. Do problems getting child care make it difficult for you to work or study?

Yes

No

Employment

8. Do you have a job?

Yes

No

Education

9. Do you have a high school diploma?

Yes

No

Finances

10. How often does this describe you? I don't have enough money to pay my bills:

Never

Rarely

Sometimes

Often

Always

Personal Safety

	Never <u>(1)</u>	Rarely <u>(2)</u>	Sometimes <u>(3)</u>	Fairly Often <u>(4)</u>	Frequently <u>(5)</u>
11. How often does anyone, including family, physically hurt you?					
12. How often does anyone, including family, insult or talk down to you?					
13. How often does anyone, including family, threaten you with harm?					
14. How often does anyone, including family, scream or curse at you?					

---Provider Use Only---

Scoring Instructions: For the housing, food, transportation, utilities, child care, employment, education, and finances questions: underlined answers indicate a positive response for a social need for that category. For the personal safety questions: a value greater than 10, when the numerical values are summed for answers to these questions, indicates a positive response for a social need for personal safety. Sum of questions 11-14: _____

To identify social services available within a demographic area, call 1-800-CHILDREN or search 1800childrenks.org.