



Social Determinants of Health (SDoH) Screening Outline

Background: Many hospitals and clinics regularly screen for social needs, recognizing that these impact a person’s health, often referred to as the “social determinants of health.” This screening tool is a set of common questions used to identify ways to support someone in all areas of their life.

Use This Tool To:

- Screen for the areas of need where someone could use support and,
- If a client’s answers match any one of the highlighted responses, direct them to resources and/or support for that area of need

Question	Available Responses													
<p>Housing “What is your current living situation?”</p>	<table border="1"> <tr><td>Homeless (street, car, tent)</td></tr> <tr><td>Emergency shelter</td></tr> <tr><td>Couch surfing (no designated room to stay)</td></tr> <tr><td>Motel/Hotel (paid by local, state or federal resources)</td></tr> <tr><td>Motel/Hotel (paid by individual)</td></tr> <tr><td>Staying with family or friends (temporary, less than 6 months)</td></tr> <tr><td>Staying with family or friends (permanent, more than 6 months)</td></tr> <tr><td>Safe Parking Program</td></tr> <tr><td>Transitional housing</td></tr> <tr><td>Rent (house, mobile home, apartment, room)</td></tr> <tr><td>Own (house, mobile home, apartment)</td></tr> <tr><td>Supportive housing (PSH, disability-related, assisted living, ILA, residential board & care)</td></tr> <tr><td>Other</td></tr> </table>	Homeless (street, car, tent)	Emergency shelter	Couch surfing (no designated room to stay)	Motel/Hotel (paid by local, state or federal resources)	Motel/Hotel (paid by individual)	Staying with family or friends (temporary, less than 6 months)	Staying with family or friends (permanent, more than 6 months)	Safe Parking Program	Transitional housing	Rent (house, mobile home, apartment, room)	Own (house, mobile home, apartment)	Supportive housing (PSH, disability-related, assisted living, ILA, residential board & care)	Other
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<p>Housing “Are you at risk of losing your housing, if so when?”</p>	<table border="1"> <tr><td>Cannot stay anymore</td></tr> <tr><td>Less than one week</td></tr> <tr><td>Less than one month</td></tr> <tr><td>Less than 6 months</td></tr> <tr><td>6 months or longer</td></tr> <tr><td>Not at risk</td></tr> </table>	Cannot stay anymore	Less than one week	Less than one month	Less than 6 months	6 months or longer	Not at risk							
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<p>Nutrition “In the last 30 days, how often were you worried that your food would run out before you had money to buy more?”</p>	<table border="1"> <tr><td>Often true</td></tr> <tr><td>Sometimes true</td></tr> <tr><td>Never true</td></tr> </table>	Often true	Sometimes true	Never true										
Often true														
Sometimes true														
Never true														

<p>Nutrition "Do you have access to healthy/nutritious foods such as fresh produce or are you able to get to places that have fresh produce options?"</p>	<table border="1"> <tr><td>Yes</td></tr> <tr><td>No</td></tr> </table>	Yes	No							
Yes										
No										
<p>Primary Care "Where do you usually go for healthcare or when you are experiencing a new health problem?"</p>	<table border="1"> <tr><td>Community Clinic</td></tr> <tr><td>Emergency services (ER)</td></tr> <tr><td>Mexico</td></tr> <tr><td>Primary Care Provider (Doctor)</td></tr> <tr><td>Specialist or other physician</td></tr> <tr><td>Urgent care</td></tr> <tr><td>Veterans Administration (VA) or military hospitals</td></tr> <tr><td>Not seeking care</td></tr> <tr><td>Other</td></tr> </table>	Community Clinic	Emergency services (ER)	Mexico	Primary Care Provider (Doctor)	Specialist or other physician	Urgent care	Veterans Administration (VA) or military hospitals	Not seeking care	Other
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<p>Primary Care "Do you have health insurance?"</p>	<table border="1"> <tr><td>Yes</td></tr> <tr><td>No</td></tr> </table>	Yes	No							
Yes										
No										
<p>Primary Care "Do you have any difficulties accessing healthcare services?"</p>	<table border="1"> <tr><td>Yes</td></tr> <tr><td>No</td></tr> </table>	Yes	No							
Yes										
No										
<p>Health Management "Do you have any of the following health concerns or conditions?"</p>	<table border="1"> <tr><td>Physical</td></tr> <tr><td>Mental/Behavioral</td></tr> <tr><td>Developmental</td></tr> <tr><td>Substance Use</td></tr> <tr><td>Dental</td></tr> </table>	Physical	Mental/Behavioral	Developmental	Substance Use	Dental				
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<p>Social & Community Connections “How frequently do you communicate with family, friends, neighbors or other social supports?”</p>	<table border="1"> <tr><td>Daily</td></tr> <tr><td>Weekly</td></tr> <tr><td>Every few weeks</td></tr> <tr><td>Monthly</td></tr> <tr><td>Every few months</td></tr> <tr><td>Yearly</td></tr> <tr><td>Rarely (every few years)</td></tr> <tr><td>No support network</td></tr> </table>	Daily	Weekly	Every few weeks	Monthly	Every few months	Yearly	Rarely (every few years)	No support network					
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<p>Social & Community Connections “Would you say that you feel isolated from others?”</p>	<table border="1"> <tr><td>Yes</td></tr> <tr><td>No</td></tr> </table>	Yes	No											
Yes														
No														
<p>Activities of Daily Living “Do you have difficulty with completing daily activities such as walking, eating, bathing, preparing meals, etc.?”</p>	<table border="1"> <tr><td>Yes</td></tr> <tr><td>No</td></tr> </table>	Yes	No											
Yes														
No														
<p>Criminal/Legal Justice “Do you have any legal issues going on right now that you need assistance with?”</p>	<table border="1"> <tr><td>Yes</td></tr> <tr><td>No</td></tr> </table>	Yes	No											
Yes														
No														
<p>Financial Wellness “In the last 30 days, how difficult has it been for you to pay for basics like food, housing, medical care, or heating? Would you say it is:</p>	<table border="1"> <tr><td>Not difficult</td></tr> <tr><td>Somewhat difficult</td></tr> <tr><td>Very difficult</td></tr> </table>	Not difficult	Somewhat difficult	Very difficult										
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<p>Financial Wellness “What are the sources of your household’s income?”</p>	<table border="1"> <tr><td>No Income</td></tr> <tr><td>Wages or Salaries</td></tr> <tr><td>Unemployment Compensation</td></tr> <tr><td>Supplemental Security Income (SSI)</td></tr> <tr><td>Social Security Disability Insurance (SSDI)</td></tr> <tr><td>State Disability Insurance (SDI)</td></tr> <tr><td>Private Disability Insurance</td></tr> <tr><td>Workers Compensation</td></tr> <tr><td>CalWORKS</td></tr> <tr><td>General Relief</td></tr> <tr><td>Cash Assistance Program for Immigrants (CAPI)</td></tr> <tr><td>Social Security Retirement (SSA)</td></tr> <tr><td>Other</td></tr> </table>	No Income	Wages or Salaries	Unemployment Compensation	Supplemental Security Income (SSI)	Social Security Disability Insurance (SSDI)	State Disability Insurance (SDI)	Private Disability Insurance	Workers Compensation	CalWORKS	General Relief	Cash Assistance Program for Immigrants (CAPI)	Social Security Retirement (SSA)	Other
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<p>Transportation “Has lack of transportation kept you from medical appointments, work, or from obtaining things needed for daily living (food, medicine, etc.)?”</p>	<table border="1"> <tr><td>Yes</td></tr> <tr><td>No</td></tr> </table>	Yes	No								
Yes											
No											
<p>Personal Hygiene & Household Goods “Are the hygiene and household goods you’re currently accessing sufficient to help you live safely and comfortably?”</p>	<table border="1"> <tr><td>Very sufficient</td></tr> <tr><td>Sufficient</td></tr> <tr><td>Not sufficient</td></tr> </table>	Very sufficient	Sufficient	Not sufficient							
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Sufficient											
Not sufficient											
<p>Utility & Technology “Do you have any payment concerns regarding one of your utility or technology bills?”</p>	<table border="1"> <tr><td>Gas/Electric</td></tr> <tr><td>Water/Wastewater</td></tr> <tr><td>Propane/Fuel</td></tr> <tr><td>Internet (broadband)</td></tr> <tr><td>Residential/Wireless Phone Services</td></tr> <tr><td>Trash/Recycling</td></tr> <tr><td>Mobile Phone</td></tr> <tr><td>Computer</td></tr> <tr><td>Other</td></tr> <tr><td>No Concerns</td></tr> </table>	Gas/Electric	Water/Wastewater	Propane/Fuel	Internet (broadband)	Residential/Wireless Phone Services	Trash/Recycling	Mobile Phone	Computer	Other	No Concerns
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<p>Utility & Technology “Are there technology such as internet or a home computer that you do not have access to? If so, which ones?”</p>	<table border="1"> <tr><td>Internet (broadband)</td></tr> <tr><td>Mobile Phone</td></tr> <tr><td>Home Computer</td></tr> <tr><td>Other</td></tr> <tr><td>Already has access to all of these</td></tr> <tr><td>No access to technology</td></tr> </table>	Internet (broadband)	Mobile Phone	Home Computer	Other	Already has access to all of these	No access to technology				
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<p>Safety & Disaster “Are there areas of your life where you are concerned for your safety?”</p>	<table border="1"> <tr><td>Financial</td></tr> <tr><td>Home safety/Accessibility</td></tr> <tr><td>Neighborhood safety/Environmental hazards</td></tr> <tr><td>Relationship safety</td></tr> <tr><td>Self-neglect/Personal safety</td></tr> <tr><td>Workplace safety</td></tr> <tr><td>No</td></tr> <tr><td>Other</td></tr> </table>	Financial	Home safety/Accessibility	Neighborhood safety/Environmental hazards	Relationship safety	Self-neglect/Personal safety	Workplace safety	No	Other		
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<p>Education "What is the highest level of school you have completed?"</p>	<table border="1"> <tr><td>Less than high school</td></tr> <tr><td>High School Degree</td></tr> <tr><td>GED or alternative credential</td></tr> <tr><td>Some College, No Degree</td></tr> <tr><td>Associate Degree</td></tr> <tr><td>Bachelor's Degree</td></tr> <tr><td>Master's Degree</td></tr> <tr><td>Professional Degree</td></tr> <tr><td>Doctoral Degree</td></tr> </table>	Less than high school	High School Degree	GED or alternative credential	Some College, No Degree	Associate Degree	Bachelor's Degree	Master's Degree	Professional Degree	Doctoral Degree								
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<p>Education "Do you feel like you need additional educational support? (i.e. parenting, school, language, prenatal)"</p>	<table border="1"> <tr><td>Developmental Concerns</td></tr> <tr><td>Employment Related Education</td></tr> <tr><td>Legal & Law Enforcement Education</td></tr> <tr><td>Health Education/Management</td></tr> <tr><td>Safety Education</td></tr> <tr><td>Education Related Advocacy</td></tr> <tr><td>Other</td></tr> <tr><td>Educational Support Services/Tutoring</td></tr> <tr><td>Parenting Resources</td></tr> <tr><td>Prenatal Resources</td></tr> <tr><td>Caregiver Training</td></tr> <tr><td>Extra-curricular Activities</td></tr> <tr><td>Financial Aid Assistance</td></tr> <tr><td>Language learning</td></tr> <tr><td>Court-ordered classes/education</td></tr> <tr><td>Declined/Did Not Ask</td></tr> <tr><td>Schools/Institutions</td></tr> </table>	Developmental Concerns	Employment Related Education	Legal & Law Enforcement Education	Health Education/Management	Safety Education	Education Related Advocacy	Other	Educational Support Services/Tutoring	Parenting Resources	Prenatal Resources	Caregiver Training	Extra-curricular Activities	Financial Aid Assistance	Language learning	Court-ordered classes/education	Declined/Did Not Ask	Schools/Institutions
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<p>Employment "What is your current employment status"</p>	<table border="1"> <tr><td>Full-Time</td></tr> <tr><td>Part-Time</td></tr> <tr><td>Seasonal / Sporadic</td></tr> <tr><td>Temporary</td></tr> <tr><td>Unemployed</td></tr> <tr><td>Underemployed</td></tr> <tr><td>Not in the Labor Force</td></tr> <tr><td>Retired</td></tr> <tr><td>Disabled</td></tr> <tr><td>Other</td></tr> <tr><td>Unable to work</td></tr> <tr><td>Self-employed</td></tr> <tr><td>In School</td></tr> </table>	Full-Time	Part-Time	Seasonal / Sporadic	Temporary	Unemployed	Underemployed	Not in the Labor Force	Retired	Disabled	Other	Unable to work	Self-employed	In School				
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Employment

“Do you have any barriers to obtaining employment?”

Background check
Disability or health concern
Ex-offender
Homelessness
Lack appropriate documentation
Lack necessary education
Lack of childcare
Transportation
Other