

Updated Standardized Screening Questions for Health-Related Resource Needs

7-9-2018

Revisions to the standardized set of screening questions for health-related resource needs (social determinants of health) were made based on public comment and further input from the NC DHHS Technical Advisory Group on screening. The current questions are below. This set of questions will undergo field testing and validation over the next several months. Further revisions may be made based on the results of the field testing.

Health Screening

We believe everyone should have the opportunity for health. Some things like not having enough food or reliable transportation or a safe place to live can make it hard to be healthy. Please answer the following questions to help us better understand you and your current situation. We may not be able to find resources for all your needs, but we will try and help as much as we can.

Food

1. Within the past 12 months, did you worry that your food would run out before you got money to buy more? (Y/N)
2. Within the past 12 months, did the food you bought just not last and you didn't have money to get more? (Y/N)

Housing/Utilities

3. Within the past 12 months, have you ever stayed: outside, in a car, in a tent, in an overnight shelter, or temporarily in someone else's home (i.e. couch-surfing)? (Y/N)
4. Are you worried about losing your housing? (Y/N)
5. Within the past 12 months, have you been unable to get utilities (heat, electricity) when it was really needed? (Y/N)

Transportation

6. Within the past 12 months, has a lack of transportation kept you from medical appointments or from doing things needed for daily living? (Y/N)

Interpersonal Safety

7. Do you feel physically and emotionally unsafe where you currently live? (Y/N)
8. Within the past 12 months, have you been hit, slapped, kicked or otherwise physically hurt by anyone? (Y/N)
9. Within the past 12 months, have you been humiliated or emotionally abused by anyone? (Y/N)

Optional to Add

10. Would you like help with any of the needs that you have identified? (Y/N)
11. Are any of your needs urgent? For example, you don't have food for tonight, you don't have a place to sleep tonight, you are afraid you will get hurt if you go home today. (Y/N)
12. Do you have problems with pests (bugs, ants, mice), mold, lead and/or water leaks at the place where you stay? (Y/N)