











Social Needs Screening Tool

	Within the past 12 months we worried whether our food would run out before we got money to buy more.	Yes	No
	In the last 12 months, has your utility company shut off your service for not paying your bills?	Yes	No
	Are you worried that in the next 2 months, you may not have stable housing?	Yes	No
	Do problems getting child care make it difficult for you to work or study? (leave blank if you do not have children)	Yes	No
	In the last 12 months, did you skip medications to save money?	Yes	No
	In the last 12 months, have you ever had to go without health care because you didn't have a way to get there?	Yes	No
	How often do you have a problem understanding what is told to you about your medical condition?	Always	
		Often	
		Sometimes	
		Occasionally	
	Are you afraid you might be hurt in your apartment building or house?	Yes	No
	Shawnee Health Service has staff available that can assist with these and other issues, would you like to receive assistance with any of these needs?	Yes	No
	Are any of your needs urgent? For example: I don't have food tonight, I don't have a place to sleep tonight	Yes	No