Article Title: And E-Mail Address of The Corresponding Author

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Online Resource 1: Items in The Modified Version of The Accountable Health Communities Health-Related Social Needs (AHC-HRSN) Screening Tool Used for Data Collection with Item Scoring.

Item #	**Item as it appears on Questionnaire**	**Social Need Domain**
1)	What is your living situation today?	Housing Insecurity
	0. I have a steady place to live. 1. I have a place to live today, but I am worried about losing it in the future. 2. I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)	
2)	Within the past 12 months, you worried that your food would run out before you got money to buy more:	Food Security Worry
	0. Never true 1. Sometimes true 2. Often true	
3)	Within the past 12 months, the food you bought just didn't last and you didn't have money to get more:	Food Insecurity
	0. Never true 1. Sometimes true 2. Often true	
4)	In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?	Utilities
	0. No 1. Yes 2. Already shut off	
5)	How hard is it for you to pay for the very basics like food, housing, medical care, and heating?	Financial Strain Due to Cost of Living
	0. Not hard at all 1. Somewhat hard 2. Very Hard	
6)	Do you want help finding or keeping work or a job?	Needs Employment Help

	0. I do not need or want help. 1. Yes, help keeping work. 2. Yes, help finding work	
7)	In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?	Lack Of Transport
	0. No 1. Yes	
8)	If for any reason you need help with day-to-day activities such as bathing, preparing meals, shopping, managing finances, etc., do you get the help you need?	Needing Assistance with ADLs
	0. I don't need any help. 1. I get all the help I need. 2. I could use a little more help. 3. I need a lot more help	
9)	Do you want help with school or training? For example, starting or completing job training or getting a high school diploma, GED or equivalent.	School Help
	0. No 1. Yes	
10)	Think about the place you live. Do you have problems with any of the following? 1) Pests such as bugs, ants, mice 2) mold 3) lead paint 4) lack of heat 5) oven or stove not working 6) smoke detectors missing or not working 7) water leaks 8) none of the above	Unsafe Housing
	1 point for each problem (1-7) selected; 0 points if option 8 was selected	
11)	How often does anyone, including family and friends, physically hurt you?	Exposure To Physical Violence
	0. Never 1. Rarely 2. Sometimes 3. Fairly often 4. Frequently	
12)	How often does anyone, including family and friends, insult or talk down to you?	Insults And Verbal Demeaning
	0. Never 1. Rarely 2. Sometimes 3. Fairly often 4. Frequently	
13)	How often does anyone, including family and friends, threaten you with harm?	Threats of Harm
	0. Never 1. Rarely 2. Sometimes 3. Fairly often 4. Frequently	

14)	How often does anyone, including family and friends, scream or curse at you?	Exposure to Verbal Abuse
	0. Never 1. Rarely 2. Sometimes 3. Fairly often 4. Frequently	
15)	How often do you feel lonely or isolated from those around you?	Isolation
	0. Never 1. Rarely 2. Sometimes 3. Often 4. Always	
16)	Stress means a situation in which a person feels tense, restless, nervous, or anxious, or is unable to sleep at night because his or her mind is troubled all the time. Do you feel this kind of stress these days?	Stress
	0. Not at all 1. A little bit 2. Somewhat 3. Quite a bit 4. Very much	
17)	How connected do you feel to your community?	Lack of Community Connection
	0. High Connection 1. Low Connection 2. No Connection	
18)	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions	Difficulty Concentrating, Remembering, Or Making Decisions
	0. No 1. Yes	
19)	Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	Difficulty Doing Errands
	0. No 1. Yes	
20)	In the last 30 days, other than the activities you did for work, how many days during the week on average did you engage in moderate exercise (like walking fast, running, jogging, dancing, swimming, biking, or other similar activities)? On average, how many minutes did you usually spend exercising at this level on one of those days?	Days Without Moderate Exercise
	0. 7 1. 6 2. 5 3. 4 4. 3 5. 2 6. 1 7. 0	

21)	In the past 3 months, have you engaged in any volunteering?	Lack of Community Engagement
	0. No 1. Yes	
22)	How likely are you to vote in the upcoming election?	Lack of Political Engagement
	0. Very Likely 1. Somewhat Likely 2. Somewhat Unlikely 3. Not at all	
23)	How many times in the past 12 months have you had 5 or more drinks in a day (males) or 4 or more drinks in a day (females)? One drink is 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of 80-proof spirits.	Binge Drinking
	0. Never 1. Once or Twice 2. Monthly 3. Weekly 4. Daily or Almost Daily	
24)	How many times in the past 12 months have you used tobacco products (like cigarettes, cigars, snuff, chew, electronic cigarettes, vaping)?	Tobacco Use
	0. Never 1. Once or Twice 2. Monthly 3. Weekly 4. Daily or Almost Daily	
25)	How many times in the past year have you used prescription drugs for non-medical reasons?	Recreational Prescription Drug Use
	0. Never 1. Once or Twice 2. Monthly 3. Weekly 4. Daily or Almost Daily	
26	How many times in the past year have you used illegal drugs (e.g., ecstasy, heroin, cocaine, LSD)?	Illicit Substance Use
	0. Never 1. Once or Twice 2. Monthly 3. Weekly 4. Daily or Almost Daily	
27)	Do you speak a language other than English at home?	Primary Language