









# Social Health Questionnaire

**For patients under 18:** This form should be completed by a parent or guardian.

**We ask everyone these questions** every 6 months so we can learn about life circumstances that affect your health, like having enough food and reliable transportation. Our **Community Resource Specialists** can help **connect you to resources** for support with finances, caregiving, food, and more. This information is confidential as part of your medical record and can be updated anytime.

PATIENT LABEL	
Name	_____
Patient I.D. Number	_____
Date of Birth (MM/DD/YYYY)	_____

**Your answers are confidential. But please note that if you are completing this form at a visit with a minor who is 13 or older, they will be able to see your answers in their medical record.**

	1. How hard is it for you to pay for the very basics, like food, housing, medical care, and heating?	<input type="checkbox"/> Very hard (1) <input type="checkbox"/> Hard (2) <input type="checkbox"/> Somewhat hard (3)	<input type="checkbox"/> Not very hard (4) <input type="checkbox"/> Not hard at all (5) <input type="checkbox"/> Prefer not to say (98)																		
	2. Within <u>the past 12 months</u> , you worried that your food would run out before you got money to buy more:	<input type="checkbox"/> Never true (1) <input type="checkbox"/> Sometimes true (2)	<input type="checkbox"/> Often true (3) <input type="checkbox"/> Prefer not to say (98)																		
	3. Within the <u>past 12 months</u> , the food you bought just did not last and you didn't have money to get more:	<input type="checkbox"/> Never true (1) <input type="checkbox"/> Sometimes true (2)	<input type="checkbox"/> Often true (3) <input type="checkbox"/> Prefer not to say (98)																		
	4. Has the lack of transportation kept you from medical appointments or from getting medications?	<input type="checkbox"/> Yes (1)	<input type="checkbox"/> No (2) <input type="checkbox"/> Prefer not to say (98)																		
	5. Has the lack of transportation kept you from meetings, work, or from getting things needed for daily living?	<input type="checkbox"/> Yes (1)	<input type="checkbox"/> No (2) <input type="checkbox"/> Prefer not to say (98)																		
	6. In <u>the past 12 months</u> , was there a time when you were not able to pay the mortgage or rent on time?	<input type="checkbox"/> Yes (1)	<input type="checkbox"/> No (2) <input type="checkbox"/> Prefer not to say (3)																		
	7. In <u>the past 12 months</u> , was there a time when you did not have a steady place to sleep or slept in a shelter (including now?)	<input type="checkbox"/> Yes (1)	<input type="checkbox"/> No (2) <input type="checkbox"/> Prefer not to say (3)																		
	8. In <u>the past 12 months</u> , how many places have you lived?	_____ (Fill in the blank)																			
	9. Would you like a Community Resource Specialist to assist you in getting help with any of the following? Please select <u>ALL</u> that apply.	<table border="0"> <tr> <td><input type="checkbox"/> Food</td> <td><input type="checkbox"/> Loneliness or social isolation</td> <td><input type="checkbox"/> Dental/Vision</td> </tr> <tr> <td><input type="checkbox"/> Housing</td> <td><input type="checkbox"/> Caregiving</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Utilities</td> <td><input type="checkbox"/> Internet access</td> <td><input type="checkbox"/> I don't want help with any of these</td> </tr> <tr> <td><input type="checkbox"/> Finances</td> <td><input type="checkbox"/> Child-care</td> <td><input type="checkbox"/> Prefer not to say</td> </tr> <tr> <td><input type="checkbox"/> Transportation</td> <td><input type="checkbox"/> Dressing, bathing, cooking</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Employment</td> <td><input type="checkbox"/> Paying for medical care/medicine/supplies</td> <td></td> </tr> </table>		<input type="checkbox"/> Food	<input type="checkbox"/> Loneliness or social isolation	<input type="checkbox"/> Dental/Vision	<input type="checkbox"/> Housing	<input type="checkbox"/> Caregiving	<input type="checkbox"/> Other _____	<input type="checkbox"/> Utilities	<input type="checkbox"/> Internet access	<input type="checkbox"/> I don't want help with any of these	<input type="checkbox"/> Finances	<input type="checkbox"/> Child-care	<input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Transportation	<input type="checkbox"/> Dressing, bathing, cooking		<input type="checkbox"/> Employment	<input type="checkbox"/> Paying for medical care/medicine/supplies	
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**Thank you! Please give this form to your Medical Assistant.**

# Get help finding the services and support you need

Let us know how you're doing



Complete the Social Health Questionnaire every 6 months as part of your primary care visit.

Talk to your provider



Discuss your social health with your provider so that your care plan fits well with your life circumstances.

Get connected



Talk to a Community Resource Specialist to explore how KPWA can help connect you with community resources and support your goals for better health.

You might not know about all the resources available to you at Kaiser Permanente and in the community. Our Community Resource Specialist is part of your primary care team. They are here to help, at no cost to you.



## Connect with resources

Our CRS may be able to help you find:

- Payment assistance for medical care and medications
- Transportation services
- Caregiving resources
- Low- or no-cost gyms, community centers, senior centers
- Low-cost food
- Low- or no-cost dental and vision services
- Housing resources
- Social programs and support groups
- Culturally specific agencies and services
- Employment, education, and legal aid resources

Your health care team can help you set up an appointment with a Community Resource Specialist.

You can work with our Community Resource Specialist in person at our medical office, over the phone, or via secure messaging — whichever is most comfortable and convenient.