

Social Determinants of Health Mockups

R0320. Food	
Enter Code <input type="checkbox"/>	<p>A. Within the past 12 months, you worried that your food would run out before you got money to buy more.</p> <ul style="list-style-type: none"> 0. Often true 1. Sometimes true 2. Never true 7. Patient declines to respond 8. Patient unable to respond <p>B. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.</p> <ul style="list-style-type: none"> 0. Often true 1. Sometimes true 2. Never true 7. Patient declines to respond 8. Patient unable to respond

Complete list of HRSN items (Living Situation, 2 Food items, Utilities, Revised Transportation item)

Section R	Health-Related Social Needs
R0310. Living Situation	
Enter Code <input type="checkbox"/>	<p>What is your living situation today?</p> <ul style="list-style-type: none"> 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 7. Patient declines to respond 8. Patient unable to respond
R0330. Utilities	
Enter Code <input type="checkbox"/>	<p>In the past 12 months, has the electric, gas, oil, or water company threatened to shut off services in your home?</p> <ul style="list-style-type: none"> 0. Yes 1. No 2. Already shut off 7. Patient declines to respond 8. Patient unable to respond
R0340. Transportation	
Enter Code <input type="checkbox"/>	<p>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?</p> <ul style="list-style-type: none"> 0. Yes 1. No 7. Patient declines to respond 8. Patient unable to respond