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**Family Well-Being**

**Social Determinants of Health Screening**

At Lamoille Health Partners we care about you and all that is happening in your life that may affect the health and wellbeing of your family. Please take the time to answer these questions fully so that we can connect you to resources that will support you. Your answers are protected as part of your medical records.

**Please think about everyone who lives in your house when answering these questions.**

**Housing** (CMS AHC HRSN)

1. What is your living situation today?

* I have a steady place to live
* I have a place to live today, but I am worried about losing it in the future
* 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)

**Food** (Hunger Vital Signs)

Some people have made the following statements about their food situation. Please

answer whether the statements were OFTEN, SOMETIMES, or NEVER true for you and

your household in the last 12 months.

3. Within the past 12 months, you worried that your food would run out before you got

money to buy more.

* Often true
* Sometimes true
* Never true

4. Within the past 12 months, the food you bought just didn't last and you didn't have

money to get more.

* Often true
* Sometimes true
* Never true

**Transportation** (CMS AHC HRSN)

5. 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?

* Yes
* No

**Utilities** (CMS AHC HRSN)

6. In the past 12 months has the electric, gas, oil, or water company threatened to shut

off services in your home?

* Yes
* No
* Already shut off

**Substance Use** (CAGE-AID)

When thinking about drug use, include illegal drug use and the use of prescription drugs other than as prescribed.

|  |  |  |  |
| --- | --- | --- | --- |
| **C** | Have you ever felt the need to **cut** down on your drinking or drug use? | Yes | No |
| **A** | Have people **annoyed** you by criticizing your drinking or drug use? | Yes | No |
| **G** | Have you ever felt **guilty** about drinking or drug use? | Yes | No |
| **E** | Have you ever felt you needed a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (**Eye-Opener**)? | Yes | No |

Scoring A "yes" answer to one item indicates a possible substance use disorder and a need for further testing.

**Safety** (PRAPARE)

11. Do you feel physically and emotionally safe where you currently live?

* Yes
* No
* Unsure
* I choose not to answer

12. In the past year, have you been afraid of your partner or ex-partner?

* Yes
* No
* Unsure
* I have not had a partner in the past year
* I choose not to answer

**One Key Question®**

13. Would you like to become pregnant in the next year?

* Yes
* I’m okay either way
* No
* I don’t know