













Senior-Specific Social Needs Screener

Patient Name: _____

Date: _____

Domain	Question	Circle the best answer
	<p>1. How often do you see or talk to people that you care about and feel close to? For example, talking to friends on the phone, visiting friends or family, going to church.</p> <p>[Question source: PRAPARE]</p>	<p>Less than once a week ^[1]</p> <p>1-2 times/week^[1]</p> <p>3-5 times/week^[0]</p> <p>More than 5 times/week^[0]</p>
	<p>2. Are you satisfied with the amount of social interactions you have every week?</p>	<p>Yes^[0] No^[1]</p>
	<p>3. Do you need help from another person or service animal with any daily activities, such as bathing, dressing, eating or doing household chores?</p> <p>[Question source: Cal MediConnect HRA Workgroup on LTSS; adapted from original question]</p>	<p>Yes^[1] No^[0]</p>
	<p>4. Can you easily and safely move around your home?</p> <p>[Question source: Cal MediConnect HRA Workgroup on LTSS]</p>	<p>Yes^[0] No^[1]</p>
	<p>5. Do you have family members or other people willing and able to help you when you need it?</p> <p>[Question source: Cal MediConnect HRA Workgroup on LTSS]</p>	<p>Yes^[0] No^[1]</p>
	<p>6. In the last 6 months, were you able to afford to eat healthy meals?</p>	<p>Yes^[0] No^[1]</p>
	<p>7. In the last 6 months, did you ever eat less than you felt you should?</p> <p>[Question source: Health Leads Social Needs Assessment; adapted from original question]</p>	<p>Yes^[1] No^[0]</p>

	<p>8. Are you worried about losing your housing?</p> <p>[Question source: PRAPARE]</p>	Yes ^[1]	No ^[0]
	<p>9. In the last 6 months, has lack of transportation kept you from medical appointments?</p> <p>[Question source: PRAPARE; adapted from original question]</p>	Yes ^[1]	No ^[0]
	<p>10. In the last 6 months, has a lack of transportation kept you from attending social events (e.g., church, senior center) or getting things needed for daily living (e.g., groceries, clothes)?</p> <p>[Question source: PRAPARE; adapted from original question]</p>	Yes ^[1]	No ^[0]
	<p>11. Do you ever have problems making ends meet or being able to afford everything you need?</p> <p>[Question source: HealthBegins Upstream Risk Screening Tool]</p>	Yes ^[1]	No ^[0]
	<p>12. In the last 6 months, has your utility company, (e.g., electric, gas, or water company) shut off or threatened to shut off your service for not paying your bills?</p> <p>[Question source: Health Leads Social Needs Assessment; adapted from original question]</p>	Yes ^[1]	No ^[0]

FOR STAFF USE ONLY		
Staff Name: _____	Patient MRN: _____	
Who filled out the screener? (circle response)		
Self-Administered by patient	By proxy (caregiver or family member)	Staff Member
<p>Screener Total Score (add up all responses with a value of "1"): _____</p> <p><i>If score is greater than or equal to 1, that individual may have an unmet social need within that domain and requires additional follow-up. Domains for questions are: Q1-2: Loneliness/Social Isolation; Q3-4: Mobility/Assistance with Daily Living; Q4: Caregiving Need; Q5-6: Food Insecurity/Nutrition; Q7: Housing; Q9-10: Transportation; Q11-12: Financial Strain</i></p>		