### Senior-Specific Social Needs Screener

#### Domain

<table>
<thead>
<tr>
<th>Domain</th>
<th>Question</th>
<th>Circle the best answer</th>
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</table>
| ![People Icon] | 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. | Less than once a week [1]  
1-2 times/week [1]  
3-5 times/week [0]  
More than 5 times/week [0] |
| ![Smiley Face Icon] | 2. Are you **satisfied with the amount of social interactions** you have every week? | Yes [0]  
No [1] |
| ![Shower Icon] | 3. **Do you need help from another person or service animal** with any daily activities, such as bathing, dressing, eating or doing household chores? | Yes [1]  
No [0] |
| ![Man Walking Icon] | 4. Can you **easily and safely move around your home**? | Yes [0]  
No [1] |
| ![People Icon] | 5. **Do you have family members or other people willing and able to help you** when you need it? | Yes [0]  
No [1] |
| ![Apple Icon] | 6. In the last 6 months, were you **able to afford to eat healthy** meals? | Yes [0]  
No [1] |
| ![Meat Icon] | 7. In the last 6 months, did you ever **eat less than you felt** you should? | Yes [1]  
No [0] |
8. Are you worried about **losing your housing**?
   [Question source: PRAPARE]  
   Yes[1]  No[0]

9. In the last 6 months, **has lack of transportation** kept you from medical appointments?
   [Question source: PRAPARE; adapted from original question]  
   Yes[1]  No[0]

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)?
    [Question source: PRAPARE; adapted from original question]  
    Yes[1]  No[0]

11. Do you ever **have problems making ends meet** or being able to afford everything you need?
    [Question source: HealthBegins Upstream Risk Screening Tool]  
    Yes[1]  No[0]

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?
    [Question source: Health Leads Social Needs Assessment; adapted from original question]  
    Yes[1]  No[0]

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**FOR STAFF USE ONLY**

<table>
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<tr>
<th>Staff Name: ____________________________</th>
<th>Patient MRN: ____________</th>
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</table>

Who filled out the screener? (circle response)

- Self-Administered by patient
- By proxy (caregiver or family member)
- Staff Member

Screener Total Score (add up all responses with a value of “1”): __________

*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*