

**Appendix 1:** Social Determinants of Health Screening Tool

*Place Patient Sticker Here*

**Thrive Screening**

Please fill this form out and bring it to the exam room. You don’t have to answer these questions but your answers will help us take better care of you. Thank you!

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| --- | --- |
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| **Please circle your answers:** |
|  | **Do you currently live in a shelter or have no steady place to sleep at night?** | Yes / No |
| **Do you think you are at risk of becoming homeless?** | Yes / No |
|  | **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 |
| **Within the past 12 months, you worried whether your food would run out before you got money to buy more.** | Often true / Sometimes true / Never true |
| **Is this an emergency, do you need food for tonight?**  | Yes / No |
|  | **Do you have trouble paying for medicines?** | Yes / No |
|  | **Do you have trouble getting transportation to medical appointments?**  | Yes / No |
|  | **Do you have trouble paying your heating or electricity bill?**  | Yes / No |
|  | **Do you have trouble taking care of a child, family member or friend?** | Yes / No |
|  | **Are you currently unemployed and looking for a job?** | Yes / No |
|  | **Are you interested in more education?**  | Yes / No |
|  **Would you like help connecting to resources? Please circle below.**  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Housing / Shelter** | **Food** | **Paying for Medicines** | **Transportation to medical appointments** | **Utilities** | **Child care / Daycare** | **Care for Elder or disabled** | **Job Search / Training** | **Education** |

Adopted from WE CARE Screening model