

Health-related Social Needs Screening Tool



FOOD INSECURITY

1. 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.

1a. Within the past 12 months, you were worried that your food would run out before you got money to buy more.

Often true Sometimes true Never true

1b. 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

Calculation: A response of "Sometimes true" or "Often true" to either question should trigger a resource referral.



TRANSPORTATION

2. Within the past 12 months, has a lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?

Yes No

Calculation: A response of "Yes" should trigger a resource referral.



LONELINESS AND SOCIAL ISOLATION

3. How often do you feel lonely or isolated from those around you?

Never Rarely Sometimes Often Always

Calculation: A response of "Often" or "Always" should trigger a resource referral.

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HOUSING STABILITY

4. 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.

Calculation: Any responses other than “I have a steady place to live” should trigger a resource referral.



HOUSING QUALITY

5. Think about the place you live. Do you have problems with any of the following? Choose all that apply.

- Pests such as bugs, ants or mice
- Mold
- Lead paint or pipes
- Lack of heat
- Oven or stove not working
- Smoke detectors missing or not working
- Water leaks
- None of the above
- All of the above

Calculation: Any responses other than “None of the above” should trigger a resource referral.



GENERAL SITUATION

6. How hard is it for you to pay for the very basics like food, housing, medical care and heating? Would you say it is:

- Very hard
- Somewhat hard
- Not hard at all

Calculation: Any responses other than “Not hard at all” should trigger a resource referral.

The above screening questions were adapted by Humana for our Comprehensive SDOH Survey Channel Test in 2019. To view the full screening tool developed by the Center for Medicare and Medicaid Innovation as well as understand the research and methodology behind the tool, check out: [Accountable Health Communities Health-related Social Needs Screening Tool](#).

Healthy Days Questionnaire



You can track the health of your patients by using the U.S. Centers for Disease Control and Prevention (CDC) core assessment tool, Healthy Days, to measure self-reported, health-related quality of life of an individual over a 30-day period.



TWO QUESTION VERSION

1. Thinking about your mental health, which includes stress, depression and problems with emotions, for how many days during the past 30 days was your mental health not good? (0–30 days) _____
2. Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (0–30 days) _____



FOUR QUESTION (CORE) VERSION

1. In general, would you say your health is:
 Excellent Very good Good Fair Poor
2. Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (0–30 days) _____
3. Thinking about your mental health, which includes stress, depression and problems with emotions, for how many days during the past 30 days was your mental health not good? (0–30 days) _____
4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work or recreation? (0–30 days) _____