**SDOH SCREENING**

**NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_**

1.) Is the member worried or concerned that in the next two months they may not have stable housing that they own, rent, or stay in?

* No concerns
* Unwilling to answer
* Yes, concerns related to
* Other problems related to Housing.

2.) In the past 12 months has a member or any family members been unable to pay their utilities, clothing, medicine or obtain healthcare services?

* No concerns
* Unwilling to answer
* Yes, concerns related to
* Other problems related to Money and Resources

3.) Does the member have a transportation barrier to attend appointments and necessary activities?

* No concerns
* Unwilling to answer
* Yes, concerns related to
* Other problems related to Transportation.

4.) Does the member need support with day-to-day activities such as preparing meals, shopping, bathing, managing finances etc. and or feel isolated?

* No concerns
* Unwilling to answer
* Yes, concerns related to
* Other problems related to Social Connectiveness