

Patient Name: \_\_\_\_\_  
Patient MRN: \_\_\_\_\_  
Clinician Name: \_\_\_\_\_

Social Determinants of Health  
Portland Home Health

Having access to food, transportation, safety, and other basic supports affects a person's health. We have implemented a new process that focuses on these supports. Based on your responses, we can connect you with needed services in the community. We are asking all of our patients to answer these questions. You are not required to complete this form.

**1. In a typical week, how many times do you talk on the phone with family, friends, or neighbors?**

- ☐ Never
- ☐ Once a week
- ☐ Twice a week
- ☐ Three times a week
- ☐ More than three times a week

**2. Within the last year, have you been afraid of your partner or ex-partner?**

- ☐ Yes
- ☐ No

**3. How often does anyone, including family and friends, physically hurt you?**

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Fairly often
- ☐ Frequently

**4. How often does anyone, including family and friends, insult or talk down to you?**

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Fairly often
- ☐ Frequently

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

- ☐ Never true
- ☐ Sometimes true
- ☐ Often true

**6. Think about the place you live. Do you have problems with any of the following?**

- ☐ 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

7. In the past 12 months, has the electric, gas, oil or water company threatened to shut off services in your home?

- ☐ Yes  
☐ No  
☐ Already shut off

8. In the past 12 months, has lack of transportation kept you from meetings, work, or getting things needed for daily living?

- ☐ Yes  
☐ No

Please let us know if you would like assistance by selecting as many of the boxes below:

<input type="checkbox"/>  Housing or Rent	<input type="checkbox"/>  Jobs	<input type="checkbox"/>  Dental Care
<input type="checkbox"/>  Utility Costs	<input type="checkbox"/>  Children and Infants	<input type="checkbox"/>  Eye Care
<input type="checkbox"/>  Food	<input type="checkbox"/>  Seniors	<input type="checkbox"/>  Medical Equipment
<input type="checkbox"/>  Clothing	<input type="checkbox"/>  Veterans	<input type="checkbox"/>  Alcohol and Drug Recovery
<input type="checkbox"/>  Transportation	<input type="checkbox"/>  Health Insurance	<input type="checkbox"/>  Other