Social Determinants of Health Assessment 5Q



CHW Name:

Patient Name: Patient DOB:

connections)

Baseline date:

Score:

the number of people they feel close to)

Score:

6-month date:

Housing	CHW opening questions/guidance:		
Assessment	"Tell me about your housing situation." "Who lives with you?" "How long have you been living here?"		
	 Needs assistance (homeless, living in car, living outside or in a tent, temporary or transitional housing, unsafe structure, health and safety risks present, presence of violence, worried about losing housing, threatened with eviction, unaffordable) Safe and stable housing (subsidized or unsubsidized, affordable at less than 30% of income) 		
Baseline date: Score:		6-month date: Score:	Final assessment date: Score:
Finances/ Income Assessment	 CHW opening questions/guidance: "Tell me about your job." "Where do you work?" "What worries you about your finances?" Needs Assistance (no income, inadequate finances/income, spontaneous or inappropriate spending, skips meals or medicine to save money, has trouble paying utility bills or rent) Adequate and stable income (with or without financial assistance, can meet basic needs and manage debt, appropriate spending) 		
Baseline date: Score:		6-month date: Score:	Final assessment date: Score:
Transportation Assessment	 CHW opening questions/guidance: "How do you get around?" "How do you get to doctor appointments?" "Do you rely on others to get you places?" 1 Needs assistance (skipped going to the doctor or other important places because there was no way to get there, or transportation was too inconvenient, unsafe, unreliable, or expensive; qualifies for transportation assistance but not accessing it) 2 Adequate transportation (transportation is accessible, affordable, and readily available) 		
Baseline date: Score:		6-month date: Score:	Final assessment date: Score:
Food Security Assessment	CHW opening questions/guidance: "Do you have enough food?" "Do you need food?" "Where do you get your food?" 1 Needs assistance (no food or means to prepare it, worried about having enough food, skipping meals due to lack of food, limited access to fruits and vegetables, limited access to foods recommended for any health conditions) 2 Adequate food security (subsidized or unsubsidized, meets basic food needs including fruits and vegetables, and foods recommended for any health conditions)		
Baseline date: Score:		6-month date:	Final assessment date:
Score.		Score:	Score:
Support System Assessment	CHW opening questions/guidance: "Who do you talk to on a regular basis?" "Who helps you out?" "Do you have someone you can call in a crisis?" 1 Needs assistance (in a crisis does not have someone to talk to, feels lonely and/or isolated, desires more		

Adequate support system (in a crisis has someone to talk to, does not feel lonely or isolated, satisfied with

Final assessment date:

Score:

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HOUSING

- 1. Share that housing instability is defined by several factors, including frequent moving, homelessness, overcrowding in the home, unsafe housing conditions, difficulty paying rent, or rent accounting for more than 50% of household income.
- Share that negative health outcomes associated with housing difficulties include respiratory and cardiovascular diseases from indoor air pollution, risk of at-home injury, increased stress and anxiety, illness and death from temperature extremes, and accelerated spread of infectious diseases.
- 3. Ask the patient to think about their living environment. Use Motivational Interviewing to discuss health and safety risks.
 - a. How do you feel about your current living situation? If you feel unsafe, what makes you feel like that?
 - b. What, if any problems on this list, exist in your living environment?
 - i. Bug or rodent infestations □
 - ii. Mold □ Water leaks □ Structural issues □
 - iii. Lead paint □ Radon □
 - iv. Inadequate or no heat
 - v. Oven or stove not working \square
 - vi. Missing or not working smoke or carbon monoxide detectors
 - vii. Violence, unsafe common areas, unwelcome visitors
- 4. Help the patient make at least one housing goal.

FINANCES/INCOME

- 1. Explain that individuals experiencing financial strain may forgo medical care and prescriptions to meet their essential needs, such as housing and food, and may make more affordable, but less healthy food choices.
- 2. Explain that financial strain can cause stress, anxiety, depression, despair, and can affect chronic conditions.
- 3. Use Motivational Interviewing to discuss the patient's current financial situation and their desired financial situation.
- 4. Help the patient make at least one financial goal.

TRANSPORTATION

- 1. Explain that inconsistent access to reliable transportation can have a significant impact on health and the ability to make healthy lifestyle decisions.
- 2. Explain that lack of transportation can prevent individuals from accessing healthy foods, health care visits, medication, education, employment, and childcare.
- 3. Use Motivational Interviewing to discuss the patient's current transportation situation and their desired transportation situation.
- 4. Help the patient set at least one transportation goal.

FOOD SECURITY

- 1. Explain that food insecurity refers to unreliable, inconsistent access to nutritious and affordable food.
- 2. Explain that food insecurity impacts both short- and long-term health outcomes, including a greater risk of diabetes and hypertension in adults, higher risk of hospitalization in children, and excess weight gain in women who are pregnant.
- 3. Explain that food insecurity can be related to challenges/barriers with transportation, lack of income, limited ability to access healthy food options, and lack of knowledge of nutritious foods.
- 4. Use Motivational Interviewing to discuss patient's current ability to obtain/purchase food and their desired food situation.
- 5. Help the patient set at least one food security goal.

SUPPORT SYSTEM

- 1. Explain that it is important to have a support system to balance and manage stress and maintain a sense of well-being.
- 2. Use Motivational Interviewing to discuss the patient's current social support system.
- 3. Ask the patient to identify at least one person who they can talk to in times of crisis.
- 4. Help the patient set at least one social support system goal.

Page Two Adapted from The EveryONE Project, "Social Determinants of Health Guide to Social Needs Screening"