



Standardized health-related social needs (HRSN)

PLEASE ANSWER THE FOLLOWING:

1. What is your housing situation today?
 - I do not have housing. (I am staying with others, in a hotel, in a shelter, living outside on the street, in a car, abandoned building, etc.)
 - I have housing today, but I am worried about losing housing in the future.
 - I have housing.
 - I choose not to answer this question.
2. Within the past 12 months, have you worried that your food would run out and/or food purchased would not last until you are able to purchase more?
 - Often true.
 - Sometimes true.
 - Never true.
 - I choose not to answer this question.
3. In the past 12 months, has lack of transportation kept you from medical appointments, meetings, work or from getting things needed for daily living? (Check all that apply)
 - Yes, it has kept me from medical appointments or getting medications.
 - Yes, it has kept me from non-medical appointments, meetings, work, or getting things that I need.
 - No.
 - I choose not to answer this question.
4. 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.
5. Do you feel physically and emotionally safe where you currently live?
 - Yes.
 - No.
 - Unsure.
 - I choose not to answer this question.
6. If you checked YES to any boxes above, would you like to receive assistance with any of these needs?
 - Yes.
 - No.