

## WISEWOMAN Social Determinants of Health (SDOH) Screening Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Service: \_\_\_\_\_

**1. Do you use any of the following types of computers: Desktop/Laptop, Smartphone, Tablet/Other portable wireless computer?**

- Yes  No  Don't know  Don't want to answer  Not screened for  
 Referral made for computer access

**2. Do you or any member of your household have access to the internet?**

- Yes – by paying a cell phone company or internet service provider  
 Yes – without paying a cell phone company or internet service provider  
 No  Don't know  Don't want to answer  Not screened for  
 Referral made for internet access

**3. During the last 12 months, was there a time when you were worried you would run out of food because of a lack of money or other resources?**

- Yes  No  Don't know  Don't want to answer  Not screened for  
 Referral made for food insecurity

**4. Have you ever missed a doctor's appointment because of transportation problems?**

- Yes  No  Don't know  Don't want to answer  Not screened for  
 Referral made for transportation

**5. Are you currently using childcare services for one or more children: (Please select any/all that apply.)**

- Infants (Birth to 11 months)  Toddlers (11 to 36 months)  Preschoolers (3 to 5 years)  
 After School Care (K-9th grade)  No  Not Applicable  
 Don't know  Don't want to answer  Not screened for

**6. In the past year, have you had any problems related to childcare? (Please select any/all that apply.)**

- Cost  Availability  Location  Transportation  
 Hours of Operation  Other Problems  No  Not Applicable  
 Don't know  Don't want to answer  Not screened for  
 Referral made for childcare

**7. What is your housing situation today?**

- I have housing  I have housing, but I am worried about losing my housing  I do not have housing  
 Don't know  Don't want to answer  Not screened for  
 Referral made for housing

**8. Do you feel physically and emotionally safe where you live right now?**

- Yes  
If no, how often do you feel unsafe?  Rarely  Sometimes  Fairly Often  Frequently  
 Don't know  Don't want to answer  Not screened for

**9. In the past year, have you been afraid of your partner or ex-partner?**

- No  
If yes, how often have you been afraid?  Rarely  Sometimes  Fairly Often  Frequently  
 Don't know  Don't want to answer  Not screened for  
 Referral made for intimate partner violence

**10. If you are prescribed medications, do you usually take them as prescribed (follow all instructions)?**

- Yes  No  Don't want to answer  Not screened for  
 Referral made for medication support