# MSHIELD Social Needs Screening Tool

MICHIGAN SOCIAL HEALTH INTERVENTIONS to ELIMINATE DISPARITIES

The questions below will ask about non-medical needs that impact people's health, like food, housing, and transportation. Your health is very important to us at Hematology Oncology Consultants. We care about making sure our patients get the help they need.

By answering these questions, we may be able to connect you to resources in your community that can help you. Many of these services are free or low-cost. We encourage you to answer these questions, even if you don't need resources. Your answers are confidential. What you share will not affect your care, insurance, or other benefits. You can skip any or all of these questions. There are no right or wrong answers.

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

- ❑ Often true
- ❑ Sometimes true
- ❑ Never true

**2. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.**

- ❑ Often true
- ❑ Sometimes true
- ❑ Never true

**3. What is your living situation today?**

- ❑ I have a steady place to live
- ❑ I have a place to live today, but I am worried about losing it in the future
- ❑ I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)

**4. Think about the place you live. Do you have problems with any of the following?** Choose all that apply. ❑

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

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

- ❑ Yes
- ❑ No

**6. 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

**7. Do you feel physically and emotionally safe where you currently live?**

- ❑ Yes
- ❑ No
- ❑ Unsure

**8. Would you like to receive assistance with any of these needs from United Way 2-1-1?**

- ❑ Yes
- ❑ No