

## Universal Social Determinants of Health (SDoH) Assessment – Core Questions

Domain	Question	Answers	Validated Source
Access & Affordability	In the past year, have you been unable to get childcare when it was really needed?	<ul><li>Yes</li><li>No</li><li>I choose not to answer</li></ul>	Adapted from Protocol for Responding to & Assessing Patients' Assets, Risks & Experiences (PRAPARE)
	In the past year, have you been unable to get clothing when it was really needed?	<ul><li>Yes</li><li>No</li><li>I choose not to answer</li></ul>	Adapted from PRAPARE
	In the past year, have you been unable to get medicine or any health care when it was really needed?	<ul><li>Yes</li><li>No</li><li>I choose not to answer</li></ul>	Adapted PRAPARE
	Do you have access to any of the following devices?	<ul> <li>Simple cell phone (flip phone)</li> <li>Smartphone (a cell phone with a touchscreen and internet)</li> <li>Computer (laptop, desktop, or tablet such as an iPad)</li> <li>Landline</li> <li>None</li> </ul>	VA Assessing Circumstances & Offering Resources for Needs (ACORN) Screening Tool
Employment	What is your current work situation?	<ul> <li>Unemployed</li> <li>Part-time or temporary work</li> <li>Full-time work</li> <li>Otherwise unemployed but not seeking work (ex: student, retired, disabled, unpaid primary care giver)</li> <li>I choose not to answer</li> </ul>	PRAPARE
Financial Resources Strain	Sometimes people find that their income does not quite cover their living costs. In the last 12 months, has this happened to you?	<ul> <li>Yes</li> <li>No</li> <li>Don't know</li> <li>Not applicable</li> <li>I choose not to answer</li> </ul>	Organization for Economic Co- operation and Development (OECD) Financial Literacy Questionnaire
Food Insecurity	Within the past 12 months we worried whether our food would run out before we got the money to buy more.	<ul> <li>Often true</li> <li>Sometimes true</li> <li>Never true</li> <li>I choose not to answer</li> </ul>	Children's Health Watch Hunger Vital Signs
	Within the past 12 months the food we bought just didn't last and we didn't have money to get more.	<ul><li> Often true</li><li> Sometimes true</li><li> Never true</li><li> I choose not to answer</li></ul>	
Health Literacy	How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacist?	<ul> <li>Never</li> <li>Rarely</li> <li>Sometimes</li> <li>Often</li> <li>Always</li> <li>I choose not to answer</li> </ul>	Single-Item Literacy Screen (SILS)
	I know how to find helpful health resources on the Internet.	<ul><li>Strongly disagree</li><li>Disagree</li><li>Undecided</li></ul>	eHealth Literacy Scale



Domain	Question	Answers	Validated Source
		Agree     Strongly agree	
Housing Stability	Are you worried about losing your housing?	<ul><li>Yes</li><li>No</li><li>I choose not to answer this question</li></ul>	PRAPARE
	In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?	<ul><li>Yes</li><li>No</li><li>Already shut off</li><li>I choose not to answer</li></ul>	CMS Accountable Health Communities Screening Tool
Safety	Do you feel physically and emotionally safe where you currently live?	<ul> <li>Yes</li> <li>No</li> <li>Unsure</li> <li>I choose not to answer this question</li> </ul>	PRAPARE
Social Connections	How often do you feel isolated from others?	<ul> <li>Hardly ever</li> <li>Some of the time</li> <li>Often</li> <li>I choose not to answer</li> </ul>	UCLA Loneliness Screening
Transportation Needs	Has a lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Check all that apply.	<ul> <li>Yes, it has kept me from medical appointments or from getting my medications</li> <li>Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need</li> <li>No</li> <li>I choose not to answer</li> </ul>	PRAPARE



## Universal Social Determinants of Health (SDoH) Assessment – Supplemental Questions

Domain	Question	Answers	Validated Source
Alcohol &	In the past year, have you used any	• Yes	
Drug Use	drugs other than those prescribed by your doctor?	No     I choose not to answer	
	In the past year, have you had more	• Yes	
	than 7 drinks in one week?	• No	
		I choose not to answer	
	Optional follow-up question: Males less than or equal to 65 years of age:	• Yes • No	
	In the past year, have you had more	I choose not to answer	
	than 14 drinks in one week?	The mode in the transmen	
Depression	Over the last 2 weeks, how often	Not at all	Patient Health
	have you been bothered by any of	Several days	Questionnaire 2
	the following problems?	More than half the days	(PHQ-2)
	– Little interest or pleasure in doing	Nearly every day     Laborso not to answer	
	things	I choose not to answer	
	<ul><li>Feeling down, depressed, or hopeless</li></ul>		
Physical	How active are you?	I am not active or exercising	
Activity		Light (examples: stretching or short walks,	
		slow walking)	
		<ul><li>Moderate (example: brisk walking)</li><li>Heavy (examples: jogging or swimming)</li></ul>	
		<ul> <li>Very Heavy (examples: fast running or stair</li> </ul>	
		climbing)	
		I choose not to answer	
Stress	Over the last 2 weeks, how often	Not at all	
	have you been bothered by feeling	Several days	
	nervous, anxious or on edge?	More than half the days     Nearly overy day	
		Nearly every day     I choose not to answer	
	Over the last two weeks, how often	Not at all	
	have you been bothered by not	Several days	
	being able to stop or control	More than half the days	
	worrying?	Nearly every day	
	In the most weath 1	I choose not to answer	
Tobacco	In the past month, have you smoked cigarettes, cigars, chewed tobacco,	• Yes	
	used an e-cigarette or vape pen?	No     I choose not to answer	
Veteran	Have you ever served in the military?	• Yes	
Status		• No	
		I choose not to answer	

The following entities, which serve the noted regions, are independent licensees of the Blue Cross Blue Shield Association: Western and Northeastern PA: Highmark Inc. d/b/a Highmark Blue Cross Blue Shield, Highmark Choice Company, Highmark Health Insurance Company, Highmark Coverage Advantage Inc., Highmark Benefits Group Inc., First Priority Health, First Priority Life or Highmark Senior Health Company. Central and Southeastern PA: Highmark Inc. d/b/a Highmark Blue Shield, Highmark Benefits Group Inc., Highmark Health Insurance Company, Highmark Choice Company, or Highmark Senior Health Company. Delaware: Highmark BCBSD Inc. d/b/a Highmark Blue Cross Blue Shield. West Virginia: Highmark West Virginia Inc. d/b/a Highmark Blue Cross Blue Shield, Highmark Health Insurance Company, or Highmark Senior Solutions Company. Western NY: Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Cross Blue Shield. Northeastern NY: Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Shield.

All references to "Highmark" in this document are references to the Highmark company that is providing the member's health benefits or health benefit administration and/or to one or more of its affiliated Blue companies.





