Crosswalk of Standardized Social Risk Factor Screeners and UDS Appendix D: Health Center Information Technology (HIT) Capabilities Questions 12 and 12a

The information below is intended to give health centers more information about where to find information for each social risk category on each standardized social risk screener. The row headings are standardized screeners. The column headings are the social risk categories that are reported on the UDS Health IT form in Question 12a. In the cells in the table below, the question number listed refers to the question number on the screener; not all screeners are numbered. Not all screeners have questions for all four reporting categories; if there is no relevant question on the screener, then *None* is written in the cell.

This also helps health centers ascertain which question(s) and which related responses from each standardized social risk screening would be counted as a positive screen for the four categories listed in Question 12a. Responses listed under the screening question as "*Count if=*" should be counted toward the category in the column heading for Question 12a. For example, if a housing insecurity question is followed by *Count if= yes*, then all 'yes' responses to that question should be counted as patients who screened positive for housing insecurity. If a screener has two questions in a category, each question should *not* be counted as a separate positive screening. Rather, if a patient screens positive with one or more questions, they should be counted as one positive screen.

Standardized screeners for social risk factors	Food Insecurity	Housing Insecurity	Financial Strain	Lack of transportation/ access to public transportation
Accountable Health Communities Screening Tools	*Question 3.* Within the past 12 months, you worried that your food would run out before you got money to buy more. *Count if= Often true **OR** Sometimes true* *Question 4:* Within the past 12 months, the food you bought just didn't last and you didn't have money to get more. *Count if= Often true **OR** Sometimes true*	*Question 1:* What is your living situation today? *Count if=I have a place to live today, but I am worried about losing it in the future **OR** 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)*	*Question 11:* How hard is it for you to pay for the very basics like food, housing, medical care, and heating? *Count if= Very hard **OR** Somewhat hard*	*Question 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? *Count if = yes*
Upstream Risks Screening Tool & Guide	*Question 9.* Which of the following describes the amount of food your household has to eat? (Check one.) *Count if= often not enough to eat*	*Question 8a.* In the last month, have you slept outside, in a shelter, or in a place not meant for sleeping? *Count if= yes* *Question 8c.* In the last 12 months, how many times have you or your family moved from one home to another? *Count if ≥ 2*	*Question 7a.* Do you ever have problems making ends meet at the end of the month? *Count if= yes* Question 7b. How hard is it for you to pay for the very basics like food, housing, medical care, and heating? *Count if=Very Hard **OR** Somewhat Hard*	*Question 11:* How often is it difficult to get transportation to or from your medical or follow-up appointment? *Count if= Often **OR** Always*
IHELLP Social History Questions	*Food income:* Within the past 12 months did you worry whether your food would run out before you got money to buy more? *Count if= yes*	*Housing:* Is your housing ever a problem for you? *Count if= yes*	*Income:* Do you ever have trouble making ends meet? *Count if= yes*	None

Standardized screeners for social risk factors	Food Insecurity	Housing Insecurity	Financial Strain	Lack of transportation/ access to public transportation
Recommended Social and Behavioral Domains for EHRs *(Downloads PPT of the IOM Social & Behavioral Tools & Measures)*	None	None	*Financial resource strain:* How hard is it for you to pay for the very basics like food, housing, medical care, and heat? *Count if= yes*	None
WellRx Questionnaire	*Question 1.* In the past 2 months, did you or others you live with eat smaller meals or skip meals because you didn't have money for food? *Count if= yes*	*Question 2.* Are you homeless or worried that you might be in the future? *Count if= yes*	*Question 3.* Do you have trouble paying for your utilities (gas, electricity, phone)? *Count if= yes* *Question 6.* Are you unemployed or without regular income? *Count if= yes*	*Question 4.* Do you have trouble finding or paying for a ride? *Count if= yes*
Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE)	*Question 14.* In the past year, have you or any family members you live with been unable to get any of the following when it was really needed? Food *Count if Food= yes*	*Question 7.* What is your housing situation today? *Count if= I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park)* *Question 8:* Are you worried about losing your housing? *Count if= yes*	*Question 14.* In the past year, have you or any family members you live with been unable to get any of the following when it was really needed? Check all that apply *Count if any= yes*	*Question 15.* Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? *Count if= Yes, it has kept me from medical appointments* **OR** *Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need*

Standardized screeners for social risk factors	Food Insecurity	Housing Insecurity	Financial Strain	Lack of transportation/ access to public transportation
WE CARE (Well Child Care, Evaluation, Community Resources, Advocacy, Referral, Education)	Do you always have enough food for your family? *Count if= no*	Do you think you are at risk of becoming homeless? *Count if= yes*	Do you have trouble paying your heating bill and/or electricity bill? *Count if= yes*	None
Health Leads Screening	In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food? *Count if= yes*	Are you worried that in the next 2 months, you may not have stable housing? *Count if= yes*	In the last 12 months, has the electric, gas, oil, or water company threatened to shut off your services in your home? *Count if= yes* In the last 12 months, have you needed to see a doctor, but could not because of cost? *Count if= yes*	In the last 12 months, have you ever had to go without health care because you didn't have a way to get there? *Count if= yes*