

Appendix 1: Social Determinants of Health Screening Tool



Place Patient Sticker Here

Thrive Screening

Please fill this form out and bring it to the exam room. You don't have to answer these questions but your answers will help us take better care of you. Thank you!

Please circle your answers:		
	Do you currently live in a shelter or have no steady place to sleep at night?	Yes / No
	Do you think you are at risk of becoming homeless?	Yes / No
	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
	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
	Is this an emergency, do you need food for tonight?	Yes / No
	Do you have trouble paying for medicines?	Yes / No
	Do you have trouble getting transportation to medical appointments?	Yes / No
	Do you have trouble paying your heating or electricity bill?	Yes / No
	Do you have trouble taking care of a child, family member or friend?	Yes / No
	Are you currently unemployed and looking for a job?	Yes / No
	Are you interested in more education?	Yes / No

↳ Would you like help connecting to resources? Please circle below.

Housing / Shelter	Food	Paying for Medicines	Transportation to medical appointments	Utilities	Child care / Daycare	Care for Elder or disabled	Job Search / Training	Education

I do not want to answer these questions