



**PEDIATRIC HEALTHCARE ASSOCIATES**  
 (203) 452-8322  
 www.pha4kids.com

**Commerce Park Office**  
 4889 Main St., Ste. 215  
 Bridgeport, CT 06606

**Fairfield Office**  
 50 Linguova Place  
 Fairfield, CT 06824

**Shelton Office**  
 4 Corporate Dr., Ste. 290  
 Shelton, CT 06484

**Stratford Office**  
 2878 Main Street  
 Stratford, CT 06614

**Stratford Office**  
 99 Hawley Lane  
 Stratford, CT 06614

**Trumbull Office**  
 15 Corporate Drive  
 Trumbull, CT 06611


## SDoH Screening Tool

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Preferred Language: \_\_\_\_\_

Best time to call: \_\_\_\_\_

		Yes / No
	In the last 12 months*, did you ever <b>eat less than you felt you should</b> because there wasn't enough money for food?	<input type="checkbox"/> Y <input type="checkbox"/> N
	In the last 12 months, has the <b>electric, gas, oil, or water company threatened to shut off your services</b> in your home?	<input type="checkbox"/> Y <input type="checkbox"/> N
	Are you worried that in the next 2 months, you <b>may not have stable housing</b> ?	<input type="checkbox"/> Y <input type="checkbox"/> N
	Do problems getting <b>child care make it difficult for you to work or study?</b> <i>(leave blank if you do not have children)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N
	In the last 12 months, have you needed to see a doctor, <b>but could not because of cost?</b>	<input type="checkbox"/> Y <input type="checkbox"/> N
	In the last 12 months, have you ever had to go without health care because you didn't have <b>a way to get there?</b>	<input type="checkbox"/> Y <input type="checkbox"/> N
	Do you ever need help <b>reading hospital materials?</b>	<input type="checkbox"/> Y <input type="checkbox"/> N
	Do you often feel that <b>you lack companionship?</b>	<input type="checkbox"/> Y <input type="checkbox"/> N
	<b>Are any of your needs urgent?</b> For example: I don't have food tonight, I don't have a place to sleep tonight	<input type="checkbox"/> Y <input type="checkbox"/> N
	If you checked YES to any boxes above, <b>would you like to receive assistance</b> with any of these needs?	<input type="checkbox"/> Y <input type="checkbox"/> N

\*time frames can be altered as needed