

## Social determinants of health screening tool

The PAN Foundation (PAN) partners with leading, national nonprofit organizations that are subject matter experts in a specific disease or condition. Our goal is to better support patients by considering the impact of social determinants of health—the conditions in which people are born, grow, live, and work that shape their health.

As part of that process, we created this brief screening tool to help our partners and any patient support organization address patients' most pressing concerns.

### **Note to survey administrator:**

The responses will help you provide information about referrals and support services that are tailored to each patient's specific needs. Patients who indicate concern with any of these social determinants will have selected "yes," "always," or "sometimes" to the survey statements. These patients may respond well to support and referrals in the areas for which they expressed concerns. Please allow patients to answer survey questions independently when possible.

Upon completion, you have a variety of options to share additional information. This will vary based on your organization's resources and capabilities, and we offer some options for concluding text.

- (1) Thank you for completing this survey. We will reach out to you soon with information that may help you based on needs identified in this survey.
- (2) Thank you for completing this survey. We take your concerns seriously and will address your needs with appropriate referrals and resources. A member of our team will reach out to you soon to discuss how we can best help you.

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Are you currently experiencing any of the following concerns? Please check all statements that apply to you at the **current time**. This information will help us understand your most pressing concerns.

1. I have difficulty paying for health care services other than prescription medications.

Always  Sometime  Never  Do not wish to answer

a. I have trouble paying for dental care.

Always  Sometime  Never  Do not wish to answer

b. I have trouble paying for doctor bills.

Always  Sometime  Never  Do not wish to answer

2. I have difficulty accessing or affording transportation to get to doctor appointments, or the pharmacy.

Always  Sometime  Never  Do not wish to answer

3. I need help with shopping, preparing food, housekeeping, laundry, finances, or managing my medications.

Always  Sometime  Never  Do not wish to answer

4. I spend most of my time alone, but would rather socialize with other people more often.

Always  Sometime  Never  Do not wish to answer

5. I have limited or uncertain access to enough food or to nutritious food.

Always  Sometime  Never  Do not wish to answer

6. I have trouble paying my electricity, gas, or water bills.

Always  Sometime  Never  Do not wish to answer

7. I have a place to live now, but I am worried about losing it in the future.

Always  Sometime  Never  Do not wish to answer

Thank you for taking the time to complete this survey. If you have any questions or additional concerns, please reach out to \_\_\_\_\_ at \_\_\_\_\_