Registry ID __ __/__ __ __ __ __ __

Patient Initials __ __ __

Non-Medical Drivers of Health Screening Tool

The questions below will ask about non-medical needs. Your health is very important to us. We care about making sure patients get the help they need.

By answering these questions, we may be able to refer you to Find Help – Michigan 211. Michigan 211 is a free service that connects Michigan residents with help from thousands of health and human services agencies and resources right in their communities – quickly, easily and confidentially. Your answers are confidential. What you share will not affect your care, insurance, or other benefits. You can skip any or all of these questions.

1. **Within the past 12 months, we worried whether our food would run out before we got money to buy more.**
   - ❑ Often true
   - ❑ Sometimes true
   - ❑ Never true
2. **Within the last 12 months, the food we bought just didn't last and we didn't have money to get more.**
   - ❑ Often true
   - ❑ Sometimes true
   - ❑ Never true
3. **What is your living situation today? (Please choose one).**
   - ❑ I have a steady place to live
   - ❑ I have a place to live today, but I am worried about losing it in the future
   - ❑ 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)
4. **Think about the place you live. Do you have problems with any of the following? (Please choose all that apply).**
   - ❑ Pests such as bugs, ants, or mice
   - ❑ Mold
   - ❑ Lead paint or pipes
   - ❑ Lack of heat
   - ❑ Oven or stove not working
   - ❑ Smoke detectors missing or not working
5. **In the past 12 months, has a lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?**
   - ❑ Yes
   - ❑ No
6. **In the past 12 months, has the electric, gas, oil, or water company threatened to shut off services in your home?**
   - ❑ Yes
   - ❑ No
   - ❑ Already shut off
7. **Do you feel physically and emotionally safe where you currently live?**
   - ❑ Yes
   - ❑ No
   - ❑ Unsure
8. **Would you like to receive referral information for Michigan 211/community hub for any of these needs?**
   - ❑ Yes
   - ❑ No
9. **Is the patient already receiving services?**
   - ❑ Yes
   - ❑ No

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