

**MOUNT SINAI HOSPITAL PEDIATRIC SOCIAL DETERMINANTS OF HEALTH (SDH) SCREENING  
QUESTIONNAIRE (CONDENSED FORM)**

Social need	Screening questions	Referral questions
Environmental hazards in the home	<p><b>Thinking about where you live, do you have any of these common problems? Please select all that apply.</b></p> <p><input type="checkbox"/> Roaches    <input type="checkbox"/> Mice    <input type="checkbox"/> Rats  <input type="checkbox"/> Mold    <input type="checkbox"/> Water Leaks    <input type="checkbox"/> Unsure  <input type="checkbox"/> Other    <input type="checkbox"/> None    <input type="checkbox"/> No answer</p>	<p><b>Are you interested in learning about resources to address this problem(s) in your home?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Smoking	<p><b>Does anyone in the home smoke cigarettes?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Prefer Not to Answer</p>	<p><b>Are you interested in learning about smoking cessation?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Would you be interested in a referral to the New York State Smoking QUITLINE?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Tobacco smoke incursion	<p><b>Do you and your child ever smell tobacco smoke in your home that drifts in from a neighbor?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Prefer Not to Answer</p>	<p><b>Are you interested in learning about tobacco smoke exposure?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Food insecurity	<p><b>Within the past 12 months we worried whether our food would run out before we got money to buy more</b></p> <p><input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Never</p> <p><b>Within the past 12 months the food we bought just didn't last and we didn't have money to buy more</b></p> <p><input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Never</p> <p><b>Are you receiving aid with the following public assistance programs?</b></p> <p><input type="checkbox"/> WIC <input type="checkbox"/> SNAP <input type="checkbox"/> Cash Assistance  <input type="checkbox"/> Other <input type="checkbox"/> No</p>	<p><b>Would you like help getting healthy food for you or your family?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Would you like to receive an emergency food package for a family of four on your doctor's visit?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Access to healthcare	<p><b>In the last 6 months, was there a time when you or someone in your household needed to see a doctor but could not because of cost or problems with insurance like Medicaid?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Prefer Not to Answer</p>	<p><b>Would you like to speak with someone about whether you or someone in your household would be able to get help in getting medical care?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Developmental or educational needs	<p>[children under 3 years old]  <b>Do you have concerns about your child's development (e.g., they are not learning, playing, growing, talking or walking like other children their age)?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Prefer Not to Answer</p> <p>[children 3 years and older]  <b>Do you have concerns about your child's development, learning, or school performance?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Prefer Not to Answer</p> <p><b>What is concerning you particularly?</b>  [free text]</p>	<p><b>Would you like help with addressing these concerns?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Childcare	<p>[children under 5 years old]  <b>Do you need help finding childcare?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Prefer Not to Answer</p>	<p><b>Would you like help with addressing this concern?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Afterschool programs	<p><b>Do you need help finding after school or summer programs for your child?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Prefer Not to Answer</p>	<p><b>Would you like help with addressing this concern?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Internships for teenagers	<p><b>Do you need help finding internships for your teenager?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Prefer Not to Answer</p>	<p><b>Would you like help with addressing this concern?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Adult education	<p><b>Do you have concerns about your reading or writing skills?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Prefer Not to Answer</p>	<p><b>Would you like help with addressing these concerns about reading or literacy?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Housing stability	<p><b>Do you think you are at risk of becoming homeless within the next 2 months?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Prefer Not to Answer  <input type="checkbox"/> Homeless/Shelter</p>	<p><b>Would you like help with resources about affordable or stable housing?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Legal Aid	<p><b>Are you facing any legal issues for which you need assistance?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Prefer Not to Answer</p>	<p><b>Would you like to receive free legal assistance?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>