

DUPAGE PEDIATRICS, LTD.

Social Influencers of Health Screening Tool (SIOH)

Patient Name: _____

Date Completed: _____

Name of Person Completing the Screening: _____

Relationship to the Patient: _____

1. In the past 3 months, was there a time when you were not able to pay the mortgage or rent on time?
Yes No Decline
2. In the past 3 months, has the electric, gas, oil, or water company threatened to shut off services in your home?
Yes No Decline
3. In the past 3 months, has lack of transportation kept you from meetings, work, or from getting things needed for daily living?
Yes No Decline
4. In the past 3 months, was there a time when you worried that your food would run out before you got the money to buy more?
Yes No Decline
5. Do you feel unsafe in your home and/or your neighborhood?
Yes No Decline
6. If you answered yes to any of the questions - Would you like help with any of these needs?
Yes No Decline