



Social Determinants of Health WellRx Form

Question	No	Yes
In the past 2 months, did you or others you live with eat smaller meals or skip meals because you didn't have the money for food?		
Are you homeless or worried that you might be in the future?		
Do you have trouble paying for your gas or electricity bill?		
Do you have trouble finding or paying for a ride (transportation)?		
Do you need daycare, or better daycare, for your kids?		
Are you unemployed or without regular income?		
Do you need help finding a better job?		
Do you need help getting more education?		
Are you concerned about someone in your home using drugs or alcohol?		
Do you need help with legal issues?		
Do you feel unsafe in your daily life?		
Is anyone in your home threatening or abusing you?		
In the last 6 months, have you been in the Emergency Department more than twice?		
If so, how many times? If not, leave blank.		
In the last 6 months have you been hospitalized?		
If so, how many times? If not, leave blank.		

Completed by: _____

Date: _____

Signature: _____

_____ Patient is unable to complete screening and does not have a caregiver to respond on their behalf. Opt out respondent relationship to patient: _____