













FIGURE 2: Montefiore’s 10-Question SDOH Survey⁹⁰

	QUESTION	YES NO
	Are you worried that in the next 2 months, you may not have a safe or stable place to live? (risk of eviction, being kicked out, homelessness)	<input type="radio"/> Y <input type="radio"/> N
	Are you worried that the place you are living now is making you sick? (has mold, bugs/rodents, water leaks, not enough heat)	<input type="radio"/> Y <input type="radio"/> N
	In the past 3 months , has the electric, gas, oil or water company threatened to shut off services to your home?	<input type="radio"/> Y <input type="radio"/> N
	In the last 12 months, did you worry that your food could run out before you got money to buy more?	<input type="radio"/> Y <input type="radio"/> N
	In the last 3 months , has lack of transportation kept you from medical appointments or getting your medications?	<input type="radio"/> Y <input type="radio"/> N
	In the last 3 months , did you have to skip buying medications or going to doctor’s appointments to save money?	<input type="radio"/> Y <input type="radio"/> N
	Do you need help getting child care or care for an elderly or sick adult?	<input type="radio"/> Y <input type="radio"/> N
	Do you need legal help? (child/family services, immigration, housing discrimination, domestic issues, etc.)	<input type="radio"/> Y <input type="radio"/> N
	Are you finding it so hard to get along with a partner, spouse, or family members that it is causing you stress?	<input type="radio"/> Y <input type="radio"/> N
	Does anyone in your life hurt you, threaten you, frighten you or make you feel unsafe?	<input type="radio"/> Y <input type="radio"/> N

