

## Optional Secondary SDOH Screening Questions for Perinatal Patient Admission



These secondary questions may be utilized if the initial SDOH patient screen is positive for SDOH needs. We recommend you always ask permission: “Would you be willing to answer some additional questions?”

**Remember: In case there are others in the room, inform patient that some of the questions may be sensitive so she may have an opportunity to be asked one-on-one. This is especially important because you are going to ask about IPV. We need to protect her privacy and meet her needs, especially regarding history of domestic violence.**

**If she agrees to further questions, we suggest you ask: “We know there are many factors that may affect your health care and we are here to help! We ask these questions to all our patients to see if there is an opportunity to offer help or connect you to community resources to help with your transition home”.**

1. **Transportation:** In the past 12 months have you had any issues with getting health care due to transportation?
  - How will you get to your follow up appointments for your baby?
  - How will you get to your 2-week Post-Birth Health Check and additional postpartum appointments?
  - Would you like help getting transportation?
  - How are you getting home with your baby once you are discharged from the hospital?
  - Do you have a car seat? Would you like help getting a car seat?
2. **Housing:** Are you worried about housing?
  - Where will you and the baby stay when you leave the hospital?
  - Where will your baby sleep? {Or: do you have a crib for the baby?}
  - Are you having trouble paying your rent or bills right now? If yes, would you like to be connected with resources in your community that may be able to help?
3. **IPV:** Within the past 12 months have you been afraid of your partner or ex-partner? **Remember to ask this question privately one to one.**
  - Do you feel safe at home for yourself and your baby?
4. **Food:** In the past 12 months have you had difficulty buying enough food?
  - Have you or anyone you live with been unable to get any food when it was really needed?
  - Are you part of the WIC Program? If not, would you like information? **(t is helpful to have criteria available for the mother so that she doesn’t waste time gathering items if she doesn’t fit within the eligibility criteria.)**
5. **Utilities:** In the past 12 months have you had difficulty paying your electric bills?
  - Does the place you are going home have electricity? Running water?
  - Are you worried about being able to pay your electricity bills?
  - Are you at risk of having no electricity in the next 3 months?
6. **Other relevant questions**
  - Do you have a family/regular doctor? (Just as mom is asked about the pediatrician for baby, be able to offer them suggestions if they don’t have a regular doctor.)
  - If working outside home: How soon do you plan to return to work. (Provide them with information to their local Child Care Resource & Referral (usually Early Learning Coalitions) if they need help finding childcare).
  - How confident are you with how to care for yourself at home? Reinforce education and resources for self-care.