SUNY Downstate Medical Center

Department of Family Medicine

SDOH Needs Assessment Phone Script

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**PHONE SCRIPT**

**If you reach VOICEMAIL:**

Hi (*insert name*), my name is \_\_\_\_\_\_\_\_, calling from Downstate University Hospital. We’re a group of medical student volunteers that are reaching out to patients to see if there is anything we can help you with during the coronavirus pandemic. You don’t need to call us back - we will try to reach you at this number at another time.

**If you reach a PERSON:**

Hi (*insert name*), my name is \_\_\_\_\_\_\_\_, calling from Downstate University Hospital. We’re a group of medical student volunteers that are reaching out to patients to learn about how you’re doing during the coronavirus pandemic. We’re asking all of the clinic’s patients the same questions so we have a better understanding of what you’re going through and how we can help.

Do you have a few minutes to speak?

If no ➡    I understand. is there a better time to call back?

If yes    ➡    Continue

I’m going to start off by asking you a few questions about yourself and your household so I have a better understanding of what your needs might be

1. Do you still live at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (address from EMR)?
2. What kind of residence (House/apartment/public housing/shelter/etc):
3. How many other people live with you?
4. What are their ages?
5. Does anyone in your home have heart disease, lung disease, diabetes or an immunocompromised state?
6. Is anyone in your household pregnant?
7. Do you currently have to leave your home for work/school?
8. Do you use the internet at home through your phone/computer?
9. Who is your PCP?

Next, I have some more specific questions to identify things you might need help with. I’m going to run down my list of questions and then I’ll help you with anything that comes up at the end.

1. Is anyone in your household sick with fever, cough, trouble breathing, or sore throat?
2. Do you need help rescheduling any upcoming doctor appointments?
3. Do you need your doctor to refill any prescriptions?
4. Do you need help getting your prescriptions from the pharmacy?
5. (If HHA) Have you had trouble getting home health aide services in the past two weeks because of coronavirus?
6. Do you worry you’re going to run out of food in the next two weeks because of lack of money or shortages related to coronavirus?
7. Because of changes related to coronavirus, are you worried you might not have stable housing in the next two months?
8. Because of changes related to coronavirus, are you worried you might not be able to pay your bills in the next two months?
9. (If have children) Has the coronavirus led to problems with childcare that are making it hard for you to get to work or school?
10. (If have young children) Do you worry you’re going to run out of diapers or formula in the next two weeks because of changes related to coronavirus?
11. Do you feel like you lack companionship during the coronavirus shut down?
12. Do you have any urgent needs, like food to eat for your next meal or a place to sleep tonight?
13. Would you like to receive assistance with any of your needs?