

**Hospital to Home Transition Assessment**

**Patient Name:**

**Date of assessment:**

**Patient DOB:**

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**Living Situation (1,2)**

1. What is your living situation today?  
Choose an item.

2. Think about the place you live. Do you have problems with any of the following?  
Choose an item.

**Food (3,4)**

Some people have made the following statements about their food situation. Please answer whether the statements were OFTEN (at least once/week), SOMETIMES, or NEVER true for you and your household in the last 12 months.

3. Within the past 12 months, you worried that your food would run out before you got money to buy more?

Choose an item.

4. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more?

Choose an item.

**Transportation (5)**

**Hospital to Home Transition Assessment**

5. In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for your daily living?

Choose an item.

**Utilities (6)**

6. In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?

Choose an item.

**Safety (7-10)**

Because violence and abuse can occur and can affect someone’s health, we are asking the following questions.

7. How often have you been physically hurt by anyone including family and friends?

Choose an item.

Rarely – at least 1 x within the last 6 months

Sometimes – at least 1 x a month

Frequently – at least 1 x a week

Fairly Often – at least 1 x a day

8. How often does anyone, including family and friends, insult or talk down to you?

Choose an item.

9. How often does anyone, including family and friends, threaten you with harm?

Choose an item.

## Hospital to Home Transition Assessment

10. How often does anyone, including family and friends, scream or curse at you?

Choose an item.

A score of 11 or more when the numerical values for answers to questions 7-10 are added shows that the person might not be safe. SCORE: \_\_\_\_\_

### **Financial Strain (11)**

11. How hard is it for you to pay for the very basics like food, housing, medical care, and heating? Would you say it is:

Choose an item.

### **Employment (12)**

12. Do you want help finding or keeping work or a job?

Choose an item.

### **Family and Community Support (13,14)**

13. If for any reason you need help with day-to-day activities such as bathing, preparing meals, shopping, managing finances, etc., are you able to get the help you need?

Choose an item.

14. How often do you feel lonely or isolated from those around you?

Choose an item.

## Hospital to Home Transition Assessment

### **Education (15,16)**

15. Do you speak a language other than English at home?

Choose an item.

What is the patient's first language?

16. Do you want help with school or training? For example, starting or completing job training or getting a high school diploma, GED or equivalent.

Choose an item.

### **IADLs/ADLs (1a)**

17. In the past 12 months, has a lack of access to a mobile phone, email or internet kept you from medical appointments, meetings, work or from getting things needed for your daily living.

Choose an item.

18. In the past 12 months, have you found it more difficult to prepare meals, cook, clean up and/or the ability to safely use kitchen appliances/utensils.

Choose an item.

19. In the past 12 months, have you found it more difficult to make appropriate food and clothing purchase decisions?

Choose an item.

20. In the past 12 months, have you found it more difficult to do the laundry, washing dishes, dusting, vacuuming, and maintaining a clean place of residence?

Choose an item.

## Hospital to Home Transition Assessment

21. In the past 12 months, have you found it more difficult managing your medications?

Choose an item.

22. In the past 12 months, have you found it more difficult managing your personal finances – such as paying bills, operating within a budget, and avoiding scams?

Choose an item.

### **Substance Use (19-22)**

The next questions relate to your experience with alcohol, cigarettes, and other drugs. Some of the substances are prescribed by a doctor (like pain medications), but only count those if you have taken them for reasons or in doses other than prescribed. One question is about illicit or illegal drug use, but we only ask to identify community services that may be available to help you.

23. How many times in the past 12 months have you had 5 or more drinks in a day (males) or 4 or more drinks in a day (females)? One drink is 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of 80-proof spirits.

Choose an item.

24. How many times in the past 12 months have you used tobacco products (like cigarettes, cigars, snuff, chew, electronic cigarettes)?

Choose an item.

## Hospital to Home Transition Assessment

25. How many times in the past year have you used prescription drugs for non-medical reasons?

Choose an item.

26. How many times in the past year have you used illegal drugs?

Choose an item.

### **Mental Health (23,24)**

Over the past 2 weeks, how often have you been bothered by any of the following problems?

27. little interest or pleasure in doing things?

Choose an item.

28. Feeling down, depressed, or hopeless?

Choose an item.

SCORE:

\_\_\_\_\_

If you get 3 or more when you add the answers to questions 29 and 30 the person may have a mental health need.

29. Stress means a situation in which a person feels tense, restless, nervous, or anxious, or is unable to sleep at night because his or her mind is troubled all the time. Do you feel this kind of stress these days?

Choose an item.

**Hospital to Home Transition Assessment**

**Disabilities (25-26)**

30. Do you have serious difficulty concentrating, remembering, or making decisions?

Choose an item.

31. Do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

Choose an item.

Patient Goals to assist in safe transition to community:

Please explain goal and steps to achieve.

1.
2.
3.
4.
5.

# Hospital to Home Transition Assessment

## Citations

AHC Model Core Needs LOINC for full core set\*: 96777-8 AHC HRSN Domain Item # Reference Citation and tracking process Author contact information (if applicable) LOINC Living Situation 1 National Association of Community Health Centers and Partners, National Association of Community Health Centers, Association of Asian Pacific Community Health Organizations, Association OPC, Institute for Alternative Futures. (2017). PRAPARE. <http://www.nachc.org/research-and-data/prapare/> Any organization can use this screening question, as long as they reach out to the screening question author to notify them of their plan to use it, and cite the screening item appropriately. PRAPARE team: [prapare@nachc.org](mailto:prapare@nachc.org) 71802-3 2 Nuruzzaman, N., Broadwin, M., Kourouma, K., & Olson, D. P. (2015). Making the Social Determinants of Health a Routine Part of Medical Care. *Journal of Healthcare for the Poor and Underserved*, 26(2), 321-327 Any organization can use this screening question, as long as they cite the item appropriately. 96778-6 Food 3-4 Hager, E. R., Quigg, A. M., Black, M. M., Coleman, S. M., Heeren, T., Rose-Jacobs, R., Cook, J. T., Ettinger de Cuba, S. E., Casey, P. H., Chilton, M., Cutts, D. B., Meyers A. F., Frank, D. A. (2010). Development and Validity of a 2-Item Screen to Identify Families at Risk for Food Insecurity. *Pediatrics*, 126(1), 26-32. doi:10.1542/peds.2009-3146. Any organization can use this screening question, as long as they cite the item appropriately. 88122-7, 88123-5 Transportation 5 National Association of Community Health Centers and Partners, National Association of Community Health Centers, Association of Asian Pacific Community Health Organizations, Association OPC, Institute for Alternative Futures. (2017). PRAPARE. <http://www.nachc.org/research-and-data/prapare/> Any organization can use this screening question, as long as they reach out to the screening question author to notify them of their plan to use it, and cite the screening item appropriately. PRAPARE team: [prapare@nachc.org](mailto:prapare@nachc.org) 93030-5 Accountable Health Communities Health-Related Social Needs Screening Tool Citation and Notification Information September 2021 2 AHC Model Core Needs LOINC for full core set\*: 96777-8 AHC HRSN Domain Item # Reference Citation and tracking process Author contact information (if applicable) LOINC Utilities 6 Cook, J. T., Frank, D. A., Casey, P. H., Rose-Jacobs, R., Black, M. M., Chilton, M., . . . Cutts, D. B. (2008). A Brief Indicator of Household Energy Security: Associations with Food Security, Child Health, and Child Development in US Infants and Toddlers. *Pediatrics*, 122(4), 867-875. doi:10.1542/peds.2008-0286 Any organization can use this screening question, as long as they reach out to the screening question author to notify them of their plan to use it, and cite the screening item appropriately. Richard Sheward, MPP: [richard.sheward@bmc.org](mailto:richard.sheward@bmc.org) 96779-4 Safety 7-10 Sherin, K. M., Sinacore, J. M., Li, X. Q., Zitter, R. E., & Shakil, A. (1998). HITS: a Short Domestic Violence Screening Tool for Use in a Family Practice Setting. *Family Medicine*, 30(7), 508-512 Any organization can use this screening question, as long as they reach out to the screening question author to notify them of their plan to use it, and cite the screening item appropriately. Dr. Kevin Sherin: [sherinkmj@gmail.com](mailto:sherinkmj@gmail.com) 95618-5, 95617-7, 95616-9, 95615-1, 95614-4 \*Logical Observation Identifiers Names and Codes (LOINC) is a code system and universal standard for identifying clinical and laboratory observations. The LOINC terms for the five core domains of the AHC Model HRSN Screening Tool are also available here. AHC Model Supplemental Needs LOINC for full supplemental set\*\*: 97023-6 AHC HRSN Domain Item # Reference Citation and tracking process Author contact information (if applicable) LOINC Financial Strain 11 Hall, M. H., Matthews, K. A., Kravitz, H. M., Gold, E. B., Buysse, D. J., Bromberger, J. T., . . . Sowers, M. (2009). 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## Hospital to Home Transition Assessment

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### 1a)

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