

SDOH Follow up V2

"Thank you for taking the time in our first visit to fill out and talk through the Social Determinants of Health Screener. I wanted to check in with you to see if (state one or both of the options below depending on what applies)

- *the resources we talked about have been helpful*
- *there is anything else you'd like to discuss related to SDOH needs"*

1. Were you able to get in contact with [first referral provided]?

- ☐ Yes
- ☐ No

Did you get the help you needed?

- ☐ Yes
- ☐ No

1a. Why not?

- ☐ Didn't have time
- ☐ No longer had the need
- ☐ Attempted to contact the resource but didn't reach anyone
- ☐ Other: _____

1b. If you didn't have time or were unable to reach them, do you intend to keep trying to contact this resource or do you need a new one?

- ☐ I will keep trying
- ☐ I need a new resource

2. Was a referral provided to replace referral 1?

- ☐ Yes
- ☐ No

1a. What is the name of the organization the family was referred to?

1b. What domain was the referral?

- ☐ Health care
- ☐ Transportation to medical appointments
- ☐ Food
- ☐ Financial benefits/employment
- ☐ Housing
- ☐ Utilities

1c. How would you categorize the family's receptiveness to the referral?

- ☐ Family expressed they would pursue this referral
- ☐ Family expressed they were uncertain about pursuing
- ☐ Family expressed they would not pursue
- ☐ Could not determine

1d. Notes:

3. Were you able to get in contact with [second referral provided]?

- ☐ Yes
- ☐ No



Did you get the help you needed?

- ☐ Yes
- ☐ No

3a. Why not?

- ☐ Didn't have time
- ☐ No longer had the need
- ☐ Attempted to contact the resource but didn't reach anyone
- ☐ Other: _____

3b. If you didn't have time or were unable to reach them, do you intend to keep trying to contact this resource or do you need a new one?

- ☐ I will keep trying
- ☐ I need a new resource

4. Was a referral provided to replace referral 2?

- ☐ Yes
- ☐ No

1a. What is the name of the organization the family was referred to?

1b. What domain was the referral?

- ☐ Health care
- ☐ Transportation to medical appointments
- ☐ Food
- ☐ Financial benefits/employment
- ☐ Housing
- ☐ Utilities

1c. How would you categorize the family's receptiveness to the referral?

- ☐ Family expressed they would pursue this referral
- ☐ Family expressed they were uncertain about pursuing
- ☐ Family expressed they would not pursue
- ☐ Could not determine

1d. Notes:

5. Are there any other barriers to asthma care for your child that we can help you with today?

- ☐ No
- ☐ Yes (SDOH need)
- ☐ No (other need)

If yes, what is the need?
