



**Social Determinants of Health Needs Assessment
for Colorado Kids (SNACK) Tool**

On behalf of Better Asthma Control for Kids (BACK)

Name: _____

Date: ____/____/____

Thinking about the last 6 months, please circle your answer:

	Do you have any concerns about your child's health insurance?	Yes No
	Have you needed to see a doctor, but could not because of cost?	Yes No
	Do you have trouble paying for medicines?	Yes No
	Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?	<i>Check all that apply:</i> <input type="checkbox"/> Yes, it has kept me from medical appointments <input type="checkbox"/> Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need <input type="checkbox"/> No
	Have any of the following reasons kept you from medical appointments?	<i>Check all that apply:</i> <input type="checkbox"/> Distance to the appointment <input type="checkbox"/> Being unable to afford gas <input type="checkbox"/> Weather <input type="checkbox"/> Being unable to take off work <input type="checkbox"/> Other: _____ <input type="checkbox"/> None

Thinking about the last 6 months, please circle your answer:

	Did you worry that your food would run out before you could buy more?	Yes No
	Did the food you bought just not last and you didn't have money to get more?	Yes No
	Do you have concerns about making ends meet?	Yes No
	Are you having any trouble enrolling in or using any of the following public benefit programs?	<i>Check all that apply:</i> <input type="checkbox"/> Medicaid/Medicare <input type="checkbox"/> Disability <input type="checkbox"/> Family First <input type="checkbox"/> SNAP <input type="checkbox"/> WIC <input type="checkbox"/> Unemployment <input type="checkbox"/> Child Support <input type="checkbox"/> Pension <input type="checkbox"/> Other: _____ <input type="checkbox"/> None
	What is your living situation today?	<input type="checkbox"/> I have a steady place to live <input type="checkbox"/> I have a place to live today, but I am worried about losing it in the future <input type="checkbox"/> I do not have a steady place to live
	Do you have concerns about poor housing conditions like mice, mold, and cockroaches?	Yes No
	Do you have trouble paying your heating/cooling, water or electricity bill?	Yes No

Would you like us to connect you to resources? Please circle below.

Health Care 	Transportation to medical appointments 	Food 	Financial benefits/employment 	Housing 	Utilities
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