### Part I: A Quantitative Study of Social Risk Screening Acceptability in Patients and Caregivers De Marchis et al.

#### **APPENDIX TEXT 1: STUDY SURVEY TOOL**

### The SIREN Accountable Health Communities screening tool study

RA	marks one of the following:
	Participant is receiving care today
	Participant is the adult caregiver of a child receiving care today

We appreciate your participation in this survey. Your responses will help us understand more about how to develop programs that can help respond to the needs of our patients.

#### **AHC Screening instrument**

Housing Stability and Conditions

- 1. What is your housing situation today?
  - a) I have a steady place to live
  - b) I have a place to live today, but I am worried about losing it in the future
  - c) I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)
  - d) I prefer not to answer\*
- 2. Think about the place you live. Do you have problems with any of the following? (Check all that apply)
  - a) Pests such as bugs, ants, or mice
  - b) Mold
  - c) Lead paint or pipes
  - d) Lack of heat
  - e) Oven or stove not working
  - f) Smoke detectors missing or not working
  - g) Water leaks
  - h) None of the above
  - i) I prefer not to answer

#### Food Security

Some people have made the following statements about their food situation. Please answer whether the statements were OFTEN, 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.
  - a) Often true
  - b) Sometimes true
  - c) Never true

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- d) I prefer not to answer
- 4. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.
  - a) Often true
  - b) Sometimes true
  - c) Never true
  - d) I prefer not to answer

#### Transportation Needs

- 5. In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?
  - a) Yes
  - b) No
  - c) I prefer not to answer

#### Utility Needs

- 6. In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?
  - a) Yes
  - b) No
  - c) Already shut off
  - d) I prefer not to answer

#### Interpersonal Safety

Because violence and abuse happens to a lot of people and affects their health we are asking the following questions.

- 7. How often does anyone, including family and friends, physically hurt you?
  - a) Never
  - b) Rarely
  - c) Sometimes
  - d) Fairly often
  - e) Frequently
  - f) I prefer not to answer
- 8. How often does anyone, including family and friends, insult or talk down to you?
  - a) Never
  - b) Rarely
  - c) Sometimes
  - d) Fairly often

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- e) Frequently
- f) I prefer not to answer
- 9. How often does anyone, including family and friends, threaten you with harm?
  - a) Never
  - b) Rarely
  - c) Sometimes
  - d) Fairly often
  - e) Frequently
  - f) I prefer not to answer
- 10. How often does anyone, including family and friends, scream or curse at you?
  - a) Never
  - b) Rarely
  - c) Sometimes
  - d) Fairly often
  - e) Frequently
  - f) I prefer not to answer

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.

#### Additional housing questions

- 11. In the past 12 months, was there a time when you were not able to pay the mortgage or rent on time?
  - a) Yes
  - b) No
- 12. In the past 12 months, how many times have you moved where you were living? (*drop down*) (*Answer is # of moves. Positive screen if answer is 2 or more moves in the last 12 months*)
- 13. At any time in the past 12 months, were you homeless or living in shelter (including now)?
  - a) Yes
  - b) No

#### Desire for help with needs

- 14. Would you like to receive assistance with any of the issues below: (check all that apply) $\xi$ 
  - a) Housing
  - b) Food access
  - c) Medical or non-medical transportation
  - d) Electric, gas, oil, or water utility services
  - e) Your safety, or violence in your household
  - f) None of these

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#### Patient Acceptability of Social Screening

- 15. In the last 12 months, not including today, have you been asked about any of the following in any health care setting: (check all that apply)
  - a) Yes, housing
  - b) Yes, food access
  - c) Yes, medical or non-medical transportation
  - d) Yes, electric, gas, oil, or water utility services
  - e) Yes, your safety, or violence in your household
  - f) No, none of these
- 16. In the last 12 months, not including today, have you received assistance from anyone in any health care setting related to: (check all that apply)
  - a) Housing
  - b) Food access
  - c) Medical or non-medical transportation
  - d) Electric, gas, oil, or water utility services
  - e) Your safety, or violence in your household
  - f) None of these

17a. *Branch if primary care*: How long have you or your family been receiving care at this clinic?

- a) Less than 1 year
- b) 1 to less than 3 years
- c) 3 to less than 5 years
- d) 5 years of more

17b. *Branch if adult ED patient*: Is there a doctor or place that you usually go if you are sick or need advice about your health?

- a) Yes
- b) No

17c. Branch if adult caregiver of pediatric ED patient: Is there a doctor or place that you usually go if your child is sick or you need advice about your child's health?

- c) Yes
- d) No
- 18. Do you think it is appropriate to be asked these questions about your social and economic needs at [BRANCH: "this clinic" OR "this emergency department"]?
  - a) Very appropriate
  - b) Somewhat appropriate
  - c) Neither appropriate nor inappropriate
  - d) Somewhat inappropriate
  - e) Very inappropriate

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- 19. Please check if you felt uncomfortable today being asked any of the questions about: (check all that apply)
  - a) Housing
  - b) Food access
  - c) Medical or non-medical transportation
  - d) Electric, gas, oil, or water utility services
  - e) Your safety, or violence in your household
  - f) None of these
- 20. In general, where do you think people should be asked questions about their social and economic needs? Check all that apply.
  - a) Emergency Department
  - b) Primary Care/Pediatrician's Office
  - c) Other health care settings (e.g. specialty clinics, hospital)
  - d) Non-health care settings (e.g. school, community center)
  - e) None of these places
- 21. How frequently do you think it is appropriate to be asked these questions about social and economic needs?

(Branch based on location)

- i. In a primary care outpatient clinic visit:
  - a. every time I receive care
  - b. once every 6 months
  - c. once a year
  - d. every 2 years
  - e. every 5 years
  - f. never
- ii. In the emergency room/urgent care:
  - a. every time I receive care
  - b. once every 6 months
  - c. once a year
  - d. every 2 years
  - e. every 5 years
  - f. never
- 22. Would you be comfortable having these kinds of needs included in your health records (also known as your medical record or chart)?
  - a) Completely comfortable
  - b) Somewhat comfortable
  - c) Neither comfortable nor uncomfortable
  - d) Somewhat uncomfortable
  - e) Completely uncomfortable

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Self-rated	health								
a) b) c) d) e)	neral, would y Excellent Very good Good Fair Poor Don't know			·	elect one	)			
BRANCH: question b	If patient is a elow	a child, <b>s</b> i	urvey wi	ill branch	<b>ı</b> to inclu	de parer	ıt-report	ed chila	l health
a) b) c) d)	neral, would y Excellent Very good Good Fair Poor Don't know				n is (se	lect one)	)		
Patient tru	ist in their pr	ovider							
clinic?  BRANCH  care provide	CH if patient  if caregiver of  der(s) at this of  if ED: How n	f pediatr	ic patien	t in clinic	c: How n	nuch do	you trust	your cl	
1	2	3	4	5	6	7	8	9	10
Not at al	1								Completely
Demograp	hics								
	s your age? 18 to 24 25 to 34 35 to 44 45 to 54 55 to 64 65 to 74 75 or older								

26. What is the highest grade (or year) of school you completed? (select one)

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Elementary School 01 02 03 04 05 06 07 08	High School 09 10 11 12	College 13 14 15 16	Graduate School 17 18 19 20+
27. How do you describe  a) Male b) Female c) Trans male/Tr d) Trans female/ e) Gender-queer f) Different iden g) Prefer not to a	rans man Trans woman /Gender non-confo tity	orming	
d) Asian Indian e) Chinese f) Filipino g) Japanese h) Korean i) Vietnamese j) Native Hawai k) Guamanian on l) Samoan m) Other Pacific	can American ian or Alaska Nati ian Chamorro Islander (specify) specify)	ive	

29. Are you of Hispanic or Latino origin?

a) No, not Hispanic, Latino or Spanish origin

o) Some other race (specify)

- b) Yes, Mexican, Mexican American, Chicano
- c) Yes, Puerto Rican
- d) Yes, Cuban
- e) Yes, another Hispanic, Latino, or Spanish origin

30a. Which of the following categories best describes your total combined household income for the past 12 months?

a) 0 - \$5,000

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- b) \$5,001 \$10,000
- c) \$10,001 \$15,000
- d) \$15,001 \$20,000
- e) \$20,001 \$25,000
- f) \$25,001 \$30,000
- g) \$30,001 \$35,000
- h) \$35,001 \$40,000
- i) \$40,001 \$50,000
- j) \$50,001 \$75,000
- k) \$75,001 \$100,000
- 1) \$100,001 \$150,000
- m) \$150,000 +
- n) Don't know
- o) Would rather not say

30b. How many people (kids and adults) are currently dependent on this income and living in your household, including yourself? (*drop down*)

(Answer is # of people in household dependent on income)

30c. Of these people, how many are 0-17 years old? (*drop down*) (*Answer is # of people in household 0-17 years old*)

- 31. When getting health care, have you ever had any of the following things happen to you because of your race, ethnicity, or socioeconomic status?
  - a) Felt like a doctor or nurse was not listening to what you were saying *Drop down* Yes/No
  - b) Treated you with less respect than other people

Drop down Yes/No

c) Received poorer services than other people

Drop down Yes/No

d) Treated with less courtesy than other people

Drop down Yes/No

e) Had a doctor or nurse act as if he or she was better than you

Drop down Yes/No

- f) Had a doctor or nurse act as if he or she thinks you were not smart *Drop down* Yes/No
- g) Had a doctor or nurse act as if he or she was afraid of you *Drop down* Yes/No
- 32. Finally, we would like to understand where you see yourself in relation to others in the United States.

Think of the ladder below as representing where people stand in the United States.

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At the top of the ladder (10) are the people who are the best off—those who have the most money, the most education, and the most respected jobs.

At the bottom (1) are the people who are the worst off—who have the least money, least education, and the least respected jobs or no job. The higher up you are on this ladder, the closer you are to the people at the very top.

Where would you put yourself on this ladder?

Please respond with the number (1-10) where you think you stand at this time in your life, relative to other people in the United States.

Answer 1-10



<sup>\*50%</sup> of participants were randomized to complete a version of survey with the "I prefer not to answer" option for questions #1-10.

<sup>&</sup>lt;sup>ξ</sup>50% of participants were randomized such that question #14 appeared before question #1 (before the social risk screening questions, instead of after).

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### **APPENDIX TEXT 2: ADDITIONAL REDCap INFORMATION**

REDCap (Research Electronic Data Capture) is a secure, web-based application designed to support data capture for research studies, providing (1) an intuitive interface for validated data entry; (2) audit trails for tracking data manipulation and export procedures; (3) automated export procedures for seamless data downloads to common statistical packages; and (4) procedures for importing data from external sources.