



Social Determinants of Health Screening for People with IDD

Name of person being screened

Date of screening

Name of person(s) assisting with the screen

Who is primarily responsible for answering the questions on this screen?

Supporter

Person being screened

Both

The Social Determinants of Health Screening for People with Intellectual and Developmental Disabilities (SDOH-PWIDD) is a tool designed to identify non-medical factors that affect health outcomes, specifically for people with intellectual and developmental disabilities (IDD). The tool uses the Healthy People 2030¹ framework, which includes five domains of Social Determinants of Health (SDOH). The questions within the tool are intended to address each domain and can be answered by both the person with IDD and their supporters.

In some cases, a supporter's response may differ from the person's own answer. It is important to consider both perspectives and answer the question in a way that most accurately reflects the person's situation, documenting any differences in the Additional Comments section.

Any answer marked "No" indicates a potential risk in that area. This should be further evaluated, with detailed documentation of the reasons for the risk. The information gathered can be used to create a plan to address the identified risks, which should be included in the person's health support plan. Annual screening is recommended. Rescreening is also recommended when a person's needs change significantly.

Education Access and Quality: Education/Health Literacy

1. I can manage my healthcare without help.

YES

NO

Prefer not to answer

If answered NO, select all that apply:

I need help making healthcare appointments

I need help during healthcare appointments

I need help understanding/following instructions from healthcare providers

I need help understanding some healthcare issues

I need help asking for better healthcare

I need help making decisions about healthy eating and exercise

I need help knowing and reporting when I am sick

I need help using medications correctly

Other: Please describe:

Healthcare Access and Quality: Health Care Services

2. I am able to get to my healthcare appointments without problems.

YES NO Prefer not to answer

If answered NO, select all that apply:

☐ My healthcare provider is too far away

☐ My medical transportation supports are unreliable

☐ My medical transportation is not wheelchair accessible

☐ I need help finding healthcare provider offices that are physically accessible

☐ My healthcare provider does not understand my healthcare needs

☐ I need help arranging transportation for healthcare appointments

☐ Other: Please describe:

Neighborhood and Built Environment

3. My current housing meets my needs.

YES NO Prefer not to answer

If answered NO, select all that apply:

☐ I am afraid of eviction/getting kicked out

☐ I do not feel safe in my home/neighborhood

☐ I do not have enough money to pay rent/mortgage

☐ I do not have enough money to pay for upkeep/repairs

☐ I do not have enough money to pay for utilities/other housing-related costs

☐ I need changes to my home to make it safer and easier to get around (ramp, handrails, assistive technology)

☐ I live with others who make me feel unsafe at home

☐ I need help keeping my home clean, free of excess debris, pests

☐ I need help finding a different place to live

☐ Other: Please describe:

Social and Community Context: Social Well-being

4. I feel safe.

YES

NO

Prefer not to answer

If answered NO, select all that apply:

People in my life yell at me or put me down

People in my life hit/hurt me

People in my life sexually abuse me

People in my life take my money/things

People in my life threaten to hurt me

I need help to stay safe from others

I need help to prevent self-harm

I need help making friends

Other: Please describe:

Economic Stability: Income and Resources

5. I have enough money to buy/pay for the basic things I need. (Housing, utilities, hygiene products, etc.)

YES

NO

Prefer not to answer

If answered NO, select all that apply:

People in my life take my money

I need help to find/keep a job

I need help to get more hours

I need help to get a better job

I need help to apply for more/different public benefits

I need help with budgeting

Other: Please describe:

6. I have enough food to eat.

YES

NO

Prefer not to answer

If answered NO, select all that apply:

I do not have enough money to buy food

I need special foods that cost more

I am unable to get to the grocery store because of lack of transportation

I need help with grocery shopping

Other: Please describe:

7. I know where to find resources if I need them (food pantries, transportation, healthcare services etc.).

YES

NO

Prefer not to answer

If answered NO, select all that apply:

I need help finding food

I need help finding transportation

I need help finding healthcare

Other: Please describe:

Additional Comments