Appendix B: Study Tools and Surveys

Included instruments:

- Intake Survey – created for this study **(page 1)**
- American Academy of Family Physicians (AAFP) Social Needs Screening Tool (SNST) (O'Gurek & Henke, 2018) **(page 2-3)**
- The Tobacco, Alcohol, Prescription medications, and other Substance (TAPS) Tool (Wu et al., 2016) **(page 4)**
- Short Form Health Survey (SF-12) (Ware Jr, Kosinski, & Keller, 1996) (Andrews, 2002) (Larson, 2002) **(page 5)**

Intake Survey

1. Do you feel not having a stable home impacts your ability to address your SUD? Yes/No

2. On a scale of 1-10 (10 being the readiest), How ready are you to utilize services to help address your housing instability?

   1 2 3 4 5 6 7 8 9 10

   Not Ready Completely Ready

American Academy of Family Physicians (AAFP) Social Needs Screening Tool (SNST)

AAFP
AMERICAN ACADEMY OF FAMILY PHYSICIANS

Social Needs Screening Tool

HOUSING

1. Are you worried or concerned that in the next two months you may not have stable housing that you own, rent, or stay in as a part of a household?[1]
   - ☐ Yes
   - ☐ No

2. Think about the place you live. Do you have problems with any of the following? (check all that apply)[2]
   - ☐ Bug infestation
   - ☐ Mold
   - ☐ Lead paint or pipes
   - ☐ Inadequate heat
   - ☐ Oven or stove not working
   - ☐ No or not working smoke detectors
   - ☐ Water leaks
   - ☐ None of the above

FOOD

3. Within the past 12 months, you worried that your food would run out before you got money to buy more.[3]
   - ☐ Often true
   - ☐ Sometimes true
   - ☐ Never true

4. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.[3]
   - ☐ Often true
   - ☐ Sometimes true
   - ☐ Never true

TRANSPORTATION

5. Do you put off or neglect going to the doctor because of distance or transportation?[1]
   - ☐ Yes
   - ☐ No

UTILITIES

6. In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?[4]
   - ☐ Yes
   - ☐ No
   - ☐ Already shut off

CHILD CARE

7. Do problems getting child care make it difficult for you to work or study?[5]
   - ☐ Yes
   - ☐ No

EMPLOYMENT

8. Do you have a job?[6]
   - ☐ Yes
   - ☐ No

EDUCATION

9. Do you have a high school degree?[6]
   - ☐ Yes
   - ☐ No

FINANCES

10. How often does this describe you? I don't have enough money to pay my bills:[7]
    - ☐ Never
    - ☐ Rarely
    - ☐ Sometimes
    - ☐ Often
    - ☐ Always

PERSONAL SAFETY

11. How often does anyone, including family, physically hurt you?[8]
    - ☐ Never (1)
    - ☐ Rarely (2)
    - ☐ Sometimes (3)
    - ☐ Fairly often (4)
    - ☐ Frequently (5)

12. How often does anyone, including family, insult or talk down to you?[8]
    - ☐ Never (1)
    - ☐ Rarely (2)
    - ☐ Sometimes (3)
    - ☐ Fairly often (4)
    - ☐ Frequently (5)

The EveryONE Project®
Advancing health equity in every community

13. How often does anyone, including family, threaten you with harm?[6]

- ☐ Never (1)
- ☐ Rarely (2)
- ☐ Sometimes (3)
- ☐ Fairly often (4)
- ☐ Frequently (5)

14. How often does anyone, including family, scream or curse at you?[6]

- ☐ Never (1)
- ☐ Rarely (2)
- ☐ Sometimes (3)
- ☐ Fairly often (4)
- ☐ Frequently (5)

ASSISTANCE

15. Would you like help with any of these needs?

- ☐ Yes
- ☐ No

SCORING INSTRUCTIONS:

For the housing, food, transportation, utilities, child care, employment, education, and finances questions: Underlined answers indicate a positive response for a social need for that category.

For the personal safety questions: A value greater than 10, when the numerical values are summed for answers to these questions, indicates a positive response for a social need for personal safety.

Sum of questions 11–14: _____
Greater than 10 equals positive screen for personal safety.

REFERENCES

1. https://www.va.gov/HOMELESS/Universal_Screener_to_Identify_Veterans_Experiencing_Housing_Instability_2014.pdf
2. Nuruzzaman N, Broadwin M, Kourouma K, Olson DP. Making the social determinants of health a routine part of medical Care. *J Health Care Poor Underserved*. 2015;26(2):321-327.
3. Hager ER, Quigg AM, Black MM, et al. Development and validity of a 2-item screen to identify families at risk for food insecurity. *Pediatrics*. 2010;126(1):e26-e32.
4. Cook JT, Frank DA, Casey PH, et al. A brief indicator of household energy security: associations with food security, child health, and child development in US infants and toddlers. *Pediatrics*. 2008;122(4):e867-e875.
5. Children's HealthWatch. Final: 2013 Children's Healthwatch survey. http://www.childrenshealthwatch.org/methods/our-survey/. Accessed October 3, 2018.
6. Garg A, Butz AM, Dworkin PH, Lewis RA, Thompson RE, Serwint JR. Improving the management of family psychosocial problems at low-income children's well-child care visits: the WE CARE project. *Pediatrics*. 2007;120(3):547-558.
7. Aldana SG, Liljenquist W. Validity and reliability of a financial strain survey. *J Financ Couns Plan*. 1998;9(2):11-19.
8. Sherin KM, Sinacore JM, Li XQ, Zitter RE, Shakil A. HITS: a short domestic violence screening tool for use in a family practice setting. *Fam Med*. 1998;30(7):508-512.

AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDATION *Supported in part by a grant from the AAFP Foundation*

The EveryONE Project®
Advancing health equity in every community

HOP19091130

The Tobacco, Alcohol, Prescription medications, and other Substance (TAPS) Tool

NIDA Clinical Trials Network
The Tobacco, Alcohol, Prescription medications, and other Substance (TAPS) Tool

TAPS Tool Part 1

Web Version: 2.0; 4.00; 09-19-17

General Instructions:
The TAPS Tool Part 1 is a 4-item screening for tobacco use, alcohol use, prescription medication misuse, and illicit substance use in the past year. Question 2 should be answered only by males and Question 3 only be females. Each of the four multiple-choice items has five possible responses to choose from. Check the box to select your answer.

Segment:
Visit number:

1. In the PAST 12 MONTHS, how often have you used any tobacco product (for example, cigarettes, e-cigarettes, cigars, pipes, or smokeless tobacco)?

☐ Daily or Almost Daily ☐ Weekly ☐ Monthly
☐ Less Than Monthly ☐ Never

2. In the PAST 12 MONTHS, how often have you had 5 or more drinks containing alcohol in one day? One standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor. (Note: This question should only be answered by males).

☐ Daily or Almost Daily ☐ Weekly ☐ Monthly
☐ Less Than Monthly ☐ Never

3. In the PAST 12 MONTHS, how often have you had 4 or more drinks containing alcohol in one day? One standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor. (Note: This question should only be answered by females).

☐ Daily or Almost Daily ☐ Weekly ☐ Monthly
☐ Less Than Monthly ☐ Never

4. In the PAST 12 MONTHS, how often have you used any drugs including marijuana, cocaine or crack, heroin, methamphetamine (crystal meth), hallucinogens, ecstasy/MDMA?

☐ Daily or Almost Daily ☐ Weekly ☐ Monthly
☐ Less Than Monthly ☐ Never

5. In the PAST 12 MONTHS, how often have you used any prescription medications just for the feeling, more than prescribed or that were not prescribed for you? Prescription medications that may be used this way include: Opiate pain relievers (for example, OxyContin, Vicodin, Percocet, Methadone) Medications for anxiety or sleeping (for example, Xanax, Ativan, Klonopin) Medications for ADHD (for example, Adderall or Ritalin)

☐ Daily or Almost Daily ☐ Weekly ☐ Monthly
☐ Less Than Monthly ☐ Never

Short Form Health Survey (SF-12)

Appendix A: SF-12 (Short Form 12) with integer weighting and instructions for scoring.

			MCS	PCS
This questionnaire asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. Please answer every question by putting a cross in the appropriate box. If you are unsure about how to answer, please give the best answer you can.				
1. In general, would you say your health is excellent, very good, good, fair, or poor?	Excellent	❑	0	0
	Very good	❑	0	-1
	Good	❑	0	-3
	Fair	❑	0	-6
	Poor	❑	-2	-8
The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?				
2. **Moderate activities** such as moving a table, pushing a vacuum cleaner, bowling or playing golf.	Limited a lot	❑	4	-7
	Limited a little	❑	2	-3
	Not limited at all	❑	0	0
3. Climbing **several** flights of stairs.	Limited a lot	❑	3	-6
	Limited a little	❑	1	-3
	Not limited at all	❑	0	0
During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?				
4. **Accomplished less** than you would like	No	❑	0	0
	Yes	❑	1	-5
5. Were limited in the **kind** of work or other activities	No	❑	0	0
	Yes	❑	2	-6
During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?				
6. **Accomplished less** than you would like	No	❑	0	0
	Yes	❑	-7	3
7. Didn't do work or other activities as **carefully** as usual	No	❑	0	0
	Yes	❑	-6	2
8. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?	Not at all	❑	0	0
	Slightly	❑	1	-4
	Moderately	❑	1	-7
	Quite a bit	❑	2	-8
	Extremely	❑	1	-11
These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks:				
9. Have you felt calm and peaceful?	All of the time	❑	0	0
	Most of the time	❑	-2	1
	A good bit of the time	❑	-4	1
	Some of the time	❑	-6	2
	A little of the time	❑	-8	3
	None of the time	❑	-10	3
10. Did you have a lot of energy?	All of the time	❑	0	0
	Most of the time	❑	-1	0
	A good bit of the time	❑	-2	-1
	Some of the time	❑	-3	-2
	A little of the time	❑	-5	-2
11. Have you felt down?	All of the time	❑	-16	5
	Most of the time	❑	-11	3
	A good bit of the time	❑	-8	2
	Some of the time	❑	-5	1
	A little of the time	❑	-2	0
	None of the time	❑	0	0
12. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc)?	All of the time	❑	-6	0
	Most of the time	❑	-8	-1
	Some of the time	❑	-6	0
	A little of the time	❑	-3	0
	None of the time	❑	0	0

References

Andrews, G. (2002). A brief integer scorer for the SF-12: validity of the brief scorer in Australian community and clinic settings. *Australian and New Zealand Journal of Public Health, 26*(6), 508-510. doi:https://doi.org/10.1111/j.1467-842X.2002.tb00357.x

Larson, C. O. (2002). Use of the SF-12 instrument for measuring the health of homeless persons. *Health Serv Res, 37*(3), 733-750. doi:10.1111/1475-6773.00046

O'Gurek, D. T., & Henke, C. (2018). A practical approach to screening for social determinants of health. *Family Practice Management, 25*(3), 7-12.

Ware Jr, J. E., Kosinski, M., & Keller, S. D. (1996). A 12-Item Short-Form Health Survey: construction of scales and preliminary tests of reliability and validity. *Medical care*, 220-233.

Wu, L.-T., McNeely, J., Subramaniam, G. A., Sharma, G., VanVeldhuisen, P., & Schwartz, R. P. (2016). Design of the NIDA clinical trials network validation study of tobacco, alcohol, prescription medications, and substance use/misuse (TAPS) tool. *Contemporary clinical trials, 50*, 90-97.