

## Appendix A: Survey Questions.

\*Note: Questions as listed here exclude protocols, embedded images, instructions for SNAPs, and attachments

Demographics
<ol style="list-style-type: none"><li>1. Which Specialty Night Is it? _____</li><li>2. Consent Level (from form)<ol style="list-style-type: none"><li>a. Yes, I agree to have the information obtained from the study be part of my medical file &amp; consent to a follow-up phone call</li><li>b. No, I do not agree for the information obtained from the study be part of my file, but I consent to complete the survey and to have a follow up phone call.</li><li>c. No, I do not consent to a follow up phone call nor for the information to be stored in their medical file, but I consent to complete the survey.</li></ol></li><li>3. Race/Ethnicity (Choose all that apply)<ol style="list-style-type: none"><li>a. White</li><li>b. Hispanic or Latino</li><li>c. Black or African American</li><li>d. Native American or American Indian</li><li>e. Asian / Pacific Islander</li><li>f. Other</li></ol></li><li>4. Age: _____</li><li>5. What is your gender?<ol style="list-style-type: none"><li>a. Female</li><li>b. Male</li><li>c. Non-binary/ third gender</li><li>d. Prefer to self-describe</li><li>e. Prefer not to say</li><li>f. Specify, if appropriate</li></ol></li><li>6. Where are you from?<ol style="list-style-type: none"><li>a. Other country</li><li>b. USA</li></ol></li><li>7. Marital Status<ol style="list-style-type: none"><li>a. Divorced</li><li>b. Domestic Partnership</li><li>c. Married</li><li>d. Never Married</li><li>e. Separated</li><li>f. Widowed</li></ol></li><li>8. Educational Attainment:<ol style="list-style-type: none"><li>a. No formal education</li><li>b. Grade school</li><li>c. Some college</li><li>d. Graduated college</li><li>e. Post-graduate degree</li></ol></li><li>9. Name of SNAP Completing Survey: _____</li></ol>
Presurvey
<ol style="list-style-type: none"><li>1. Do you currently use any community resources, for example: financial assistance programs, free legal services, food assistance programs, transportation assistance programs, free medical services? (Yes/No)</li><li>2. How many resources do you currently use, other than SJBC? _____</li><li>3. What organizations or services do you use, other than SJBC? _____</li></ol>

4. Why don't you use any community resources?
  - a. I don't need them
  - b. I don't think they will help me
  - c. I don't know how to find them
  - d. I do not feel comfortable contacting them
  - e. I don't have time
  - f. I don't trust community organizations
  - g. I have tried to contact them, but they are unreliable
  - h. Other \_\_\_\_\_

#### Transportation

1. What is your primary method of transportation?
  - a. Drive
  - b. Get a Ride From Others
  - c. Bus
  - d. Metro
  - e. Walk
  - f. Uber/Lyft
  - g. Other
2. Do you find it difficult to get to and from your day-time appointments with your medical provider? (Yes/No)
3. Do you find it difficult to get to or from specialty care appointments or medical appointments? (Yes/No)

#### Employment

1. Do you ever have problems making ends meet at the end of the month? (Yes/No)
2. How hard is it for you to pay for the very basics like food, housing, medical care, and heating? Would you say it is...
  - a. Very hard
  - b. Somewhat hard
  - c. Not hard at all
3. Are you currently employed? (Yes/No)
4. Would you like resources to assist in looking for employment? (Yes/No)
5. Are you interested in English classes? (Yes/No)
6. Are you interested in daytime child care services? (Yes/No)

#### Housing

1. In the last month, have you had concerns about the condition or quality of your housing? (Yes/No)
2. In the last month, have you slept outside, in a shelter, in a place not meant for sleeping or in a place you felt unsafe? (Yes/No)
3. In the last month, have you regularly slept on someone's couch or garage or felt that your housing is not stable? (Yes/No)
4. Would you like resources to help with your housing situation? (Yes/No)
5. How many people live in your home? \_\_\_\_\_
6. Do you share costs? (Yes/No)
7. Does your family help you with your health, finances or food? (Yes/No)

#### Domestic Violence

1. Have you ever been emotionally or physically abused by your partner or someone important to you? (Yes/No)

2. Within the last year, have you been hit, slapped, kicked, or otherwise physically hurt by someone? *(If yes, ask follow up questions: By whom? (Make clear: they do not have to give the person's many times? ) name; relationship to patient is enough.)* (Yes/No)
3. Are you still in contact with this person or worried that this person may come back? (Yes/No)
4. Are you afraid that your partner or someone else will hurt you? (Yes/No)
5. Do you and anyone you care for have a safe place to go should an incident occur? (Yes/No)
6. In the last year, has anyone forced you to engage in sexual activities without your consent? *(If yes, ask follow up questions: By whom? How many times? \*\*Remember that this is a very sensitive topic.)* (Yes/No)
7. How often does your partner: Physically hurt you?
  - a. Never (1)
  - b. Rarely (2)
  - c. Sometimes (3)
  - d. Fairly often (4)
  - e. Frequently (5)
8. How often does your partner: Insult or talk down to you?
  - a. Never (1)
  - b. Rarely (2)
  - c. Sometimes (3)
  - d. Fairly often (4)
  - e. Frequently (5)
9. How often does your partner: threaten you with harm?
  - a. Never (1)
  - b. Rarely (2)
  - c. Sometimes (3)
  - d. Fairly often (4)
  - e. Frequently (5)
10. How often does your partner: scream or curse at you?
  - a. Never (1)
  - b. Rarely (2)
  - c. Sometimes (3)
  - d. Fairly often (4)
  - e. Frequently (5)
11. *For the last four questions (7-10), each item is scored from 1-5. Thus, scores for this inventory range from 4-20. A score of greater than 10 is considered positive. What did this patient score? \_\_\_\_\_*

12. *Describe situation here if needed:*

13. *Did this person screen positive for an acute case of domestic violence?* (Yes/No)
14. *Ask a question for SECURITY purposes that will be asked during the follow up phone call. [Eg: 'What is your childhood best friend's name?']*

15. Are you able to come and go from home and work as you please? (Yes/No)
16. Are you threatened if you try to leave your home? (Yes/No)

1. Have you been tested for HIV/AIDS in your lifetime? (*The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians screen adolescents and adults ages 15 to 65 years for HIV infection.* ) (Yes/No)
2. Would you like resources for HIV prevention or testing? (Yes/No)

### Mental Health

1. In the past two weeks, have you experienced:
  - a. Trouble falling or staying asleep, or sleeping too much?
  - b. Little interest or pleasure in doing things you enjoy?
  - c. Feeling bad about yourself-or that you are a failure or have let yourself or your family down?
  - d. Feeling tired or having little energy?
  - e. Trouble concentrating on things such as reading the newspaper or watching television?
  - f. Poor appetite or overeating?
  - g. Moving or speaking so slowly that other people could have noticed? Or the opposite-being so fidgety or restless that you have been moving around a lot more than usual?
  - h. Thoughts that you would be better off dead or of hurting yourself in some way? (\*\* If the patient answers that yes, they have thoughts of hurting themselves, stop and question)
    - i. (Document: Are these thoughts serious? Do they have a plan? Please explain further:)
    - ii. Was this person screened as a suicide emergency? (Yes/No)
2. Did the patient meet the criteria for depression? (at least five of the above for more than 2 weeks).

### Nutrition and Access to Food

1. How often do you eat junk food - or food that you consider "unhealthy" - each week? (Junk food includes chips, candy, fast food, fried foods...)
  - a. daily
  - b. 1 to 2 times a week
  - c. 3 to 4 times a week
  - d. rarely or never
2. How many sodas and sugary beverages do you drink each week? (Includes fruit juice)
  - a. Daily
  - b. 1 to 2 times a week
  - c. 3 to 4 times a week
  - d. rarely or never
3. How often do you eat red meat each week? (Includes beef, pork, lamb, etc)
  - a. daily
  - b. 1 to 2 times a week
  - c. 3 to 4 times a week
  - d. rarely or never
4. Not counting juice, how often do you eat fruit per week?
  - a. Daily
  - b. 1 to 2 times a week
  - c. 3 to 4 times a week
  - d. rarely or never
5. How many servings of vegetables do you usually eat?

- a. 1-2 times per day
  - b. 3-5 times per day
  - c. 1-2 times per week
  - d. Never
  - e. Rarely
  - f. Don't know / Not sure
6. Would you be interested in low cost nutritional classes or information for you or your family? (Yes/No)
  7. Are you interested or able to use a free app or website to manage the nutrition of you or your family? (Yes/No)
  8. Is low cost healthy food easy to find within 5 miles of where you live? (Yes/No)
  9. Which of the following describes the amount of food your household has to eat?
    - a. Enough food to eat
    - b. Sometimes enough food to eat
    - c. Often not enough food to eat
  10. Are you or your family receiving food stamps? (Yes/No)
  11. Would you be interested in resources to help you better access food for you or your family? (Yes/No)

**Physical Activity**

1. Does your work involve any strenuous or moderate physical activity? (Yes/No)
2. Do you do physical activity outside of work? (Yes/No)
3. On how many of the past 7 days did you participate in vigorous physical activity for at least 60 minutes? \_\_\_\_\_
4. (Examples include (1) walking (2) dancing (3) riding a bike (4) swimming (5) running)
5. Would you be interested in finding a gym or recreation center that is affordable and in your area? (Yes/No)

**Dental Health**

1. Have you been to a dentist within the last year? (Yes/No)
2. Would you be interested in resources that provide free or lower cost dental care? (Yes/No)

**Legal Needs**

1. Do you have any legal needs that might require the help of a lawyer? (For example: work, immigration, disability, housing) (Yes/No)

**Advance Directives**

1. An advance directive is a written statement of a person's wishes regarding medical treatment. Would you like information on any of the following?
  - a. Healthcare surrogate (Yes/No)
  - b. Living Will (Yes/No)
  - c. Organ Donation (Yes/No)

**Voters Registration**

1. Are you registered to vote? (Yes/No)
2. Would you like help registering to vote? (Yes/No)

**Program Development**

1. What community program focuses do you think would most benefit you and your family?
  - a. Nutrition and exercise
  - b. Access to food
  - c. Cancer detection and prevention

- d. Child abuse and domestic violence
  - e. Drug and alcohol abuse prevention
  - f. Stress and emotional problem management
  - g. Smoking cessation
  - h. Diabetes
  - i. Heart disease
  - j. HIV/AIDS
  - k. Avoiding falls
  - l. Unemployment
  - m. Crime
  - n. School Dropout
  - o. Other \_\_\_\_\_
2. What is your primary personal concern for you or your family?
- a. Nutrition and exercise
  - b. Cancer detection and prevention
  - c. Child abuse and domestic violence
  - d. Drug and alcohol abuse prevention
  - e. Stress and emotional problem management
  - f. Smoking cessation
  - g. Diabetes
  - h. Heart disease
  - i. HIV/AIDS
  - j. Avoiding falls
  - k. Unemployment
  - l. Crime
  - m. School Dropout
  - n. Other
3. What did you think about this resource connection tool?
- a. I did not find it helpful
  - b. It was somewhat helpful, but could be improved
  - c. I found it helpful
4. How do you think we could improve the assessment?

**Follow Up**

- 1. Did you use any of the recommended resources?
- 2. Which resources did you use?
- 3. Was there any reason you did not use a particular resource that was recommended to you?
- 4. Do you need another copy of your resource list?
- 5. How was your experience with the resource assessment?
  - a. I did not find it helpful
  - b. It was somewhat helpful, but could be improved
  - c. I found it helpful
- 6. How could we improve?

## Appendix B: Protocols

### Intimate Partner Violence

*For interviewer: Do not share your screen with the patient at this time*

- State that this conversation is completely confidential and that we are conducting this interview with all who complete this survey. Also state that honest answers to the questions will not result in any action unless the patient wishes us to help.
- The exception to this is if there are children in the home, then you are legally obligated to report this to the department of children and families services.
- Ensure the participant fully understands that if there are children present in the home who witness violence (whether or not the kids are abused themselves) that you are obligated to report this information.

#### Stop after a positive HITS screen:

Ask the patient if children are present in the home and witness **physical violence**

#### Important note:

If there are children in the home and the person says that children are *witnessing or are in the home during physical violence*, they may be at risk of violence themselves.

Complete the protocol as below, but, in addition:

1. Call 1-800-96abuse
2. Alert the Project Manager and the attending
3. Email Clinic Director, and make a note *\*there were children identified in the home\**

- It is your job here to assess the severity of the situation. Is this patient in danger? Do they have a safe place to go?
- Select the boxes below which match the course of action required for the situation:

**HOUSING-** If this is an acute issue and/or they do not have a place to sleep, give information about a shelter. Call the Homeless Helpline. The 1st question asked will be "if you are fleeing domestic violence press 1". Press 1.

1-877-994-HELP (4357) or 305-375-CARE (2273)

**RESOURCE** - you may decide to give information about the domestic Violence Hotline: at 1-800-500-1119.

**POLICE** - If the patient requests it, you may decide to call 911

**IN ACUTE SITUATIONS** - Notify the attending and project manager of acute situations.

**FOLLOW UP** - Send an email to the clinic director so that she may set up a follow up appointment with this patient as soon as possible.

**REQUIRED DOCUMENTS** - give the patient recommendations that they make copies of important documents they have and that they leave copies with a trusted friend in case they have to leave the house quickly (cannot be SJBC or the SNAP).

**FOLLOW UP** - As per the consent all patients who screen positive must have a follow up call and a copy of their survey saved as a PDF.

**FLORIDA 211** - You may decide to tell the patient that Florida-211 can offer them resources at any time and that it is an easy number to remember.

**COMMUNITY RESOURCES** - You may also decide the one of the resources listed on the bottom of this screen may help your patient.

Ask a question for SECURITY purposes that will be asked during the follow up phone call to ensure that the person inflicting violence does not pick up.

For Ex: What is the name of your favorite flower?

Unlike the other resources in this survey, DV resources will not print at the end of the survey. This is because the most dangerous time for a person who is being abused is when they try to leave. (United States Department of Justice, National Crime Victim Survey, 1995).

Below are some community resources compiled by the social needs assessment team. If any of them seem appropriate, give information about the organization. Avoid written information which could be discovered by the abuser.

### Human Trafficking Screen

*For interviewer: **Do not share your screen with the patient at this time***

- State that this conversation is completely confidential and that we are conducting this interview with all who complete this survey. Also state that honest answers to the questions will not result in any action unless the patient wishes us to help.
- The exception to this is if there are children in the home, then you are legally obligated to report this to the department of children and families.
- Ensure the participant fully understands that if there are children present in the home who witness violence (whether or not the kids are abused themselves) that you are obligated to report this information.

**Stop after a positive screen:**

*This person may be a victim of human trafficking - attempt to elucidate further.*

Remember that both sex and labor trafficking exist.

- Select the responses below which match the course of action required for the situation
- Danger/safety planning worksheet: <https://ncadv.org/personalized-safety-plan>

- With patient consent call the National Human Trafficking Resource Center at 1-888-3737-888. They can answer questions anonymously and assist you with next steps.**
- Aid in Danger and safety planning using the linked PDF**
- Call the Homeless Helpline if the person needs a safe place to go. The 1st question asked will be "if you are fleeing domestic violence press 1". Press 1. 1-877-994-HELP (4357) or 305-375-CARE (2273)**
- As per consent, all patients should have a follow up and a copy of their survey saved as a PDF and put in their chart.**
- Send an email to the clinic director so that she may set up a follow up appointment with this patient as soon as possible.**

## **Homelessness**

**If patient needs immediate place to sleep, use the SJBC phone to call the Homeless Help Hotline: 1-877-944-HELP and 305-375-CARE. These hotlines direct patients directly to available help depending on their situations.**

**The options on the initial message when you call are:**

- 1. Victim of Domestic Violence**
- 2. Veteran**
- 3. Facing a court eviction**
- 4. Info for meals indoors**
- 5. Info for showers**
- 6. Homeless in Miami Beach**
- 7. Homeless elsewhere in Miami-Dade county**
- 8. Info for affordable housing.**

**Document interventions.**

## **Depression and Suicidality**

**Did the patient meet the criteria for depression? (at least five of the above for more than 2 weeks)**

**Refer patient to Psychiatry Night**

**Psych night is one of the specialty nights that occur on a rotation on Tuesdays. During this time, the patient can speak with a physician about managing what their depression.**

**If the patient answers that they have thoughts of hurting themselves or others, stop and question.**

**Give them the SAFENET number (305-358-HELP) for emergencies.**

**Document: Are these thoughts serious? Do they have a plan? Please explain further:**

**If you feel this patient is at high risk of committing suicide, please complete the following protocol, and then document what you have done.**

**Helpful numbers, in case the attending requests: Jackson (305) 355-7000  
1 for English; 1 for inpatient; 1 for crisis**

- **Tell the project manager**
- **Tell an attending**
- **Did the attending need to call 911?**
- **Did the patient need to be referred to the hospital?**
- **Did you initiate steps to set up a follow-up psychiatric care visit ASAP?**
- **FOLLOW UP - alert patient that as per protocol all patients with a suicide risk will have a follow up and their survey will be put in their chart. Let them know that you will be calling them within 2 weeks to follow up.**
- **EMAIL - Send an email to the clinic director so that follow up can be established.**