Screening Tools – SNS Submission (Row 58):

* The measures only use corresponding food, housing and transportation related questions in respective screening tools.
* All screening tools in the measure have been accepted as [face-valid by Gravity Project](MUC%20Form%20Review/accepted%20as%20face-valid%20by%20Gravity%20Project).

| Screening Tool (link to tool) | Survey level testing methodology and results | Citations |
| --- | --- | --- |
| [Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool](https://www.cms.gov/priorities/innovation/files/worksheets/ahcm-screeningtool.pdf) | Measure uses food, housing and transportation screening questions.  Technical expert panel of 20 members provided feedback on the AHC HRSN screening tool. The TEP recommended commonly used or evidence-based questions from a range of sources. Many questions in the HRSN Screening Tool were modified or adapted from other surveys. The collection of questions included in the HRSN Screening Tool has not been tested as a whole, which may impact the validity (the extent to which the questions measure what they are intended to measure) and reliability (the consistency or reliability of the questions). Food questions come from the validated Hunger Vital Signs, transportation and housing come from PRAPARE. | [A Guide to Using the Accountable Health Communities Health-Related Social Needs Screening Tool: Promising Practices and Key Insights (cms.gov)](https://www.cms.gov/priorities/innovation/media/document/ahcm-screeningtool-companion?utm_campaign=NASDOH&utm_medium=email&_hsmi=135163707&_hsenc=p2ANqtz-8WzmY2TYi8_RJLcnsRdDvEY5ttP8BbHPkx2s0yyej9jdJq8pkytvIsEpf9zpitIjSN1FGucuVYxKkQVMynQHayiIw9Ow&utm_content=135163707&utm_source=hs_email) |
| [American Academy of Family Physicians (AAFP) Social Needs Screening Tool](https://www.aafp.org/dam/AAFP/documents/patient_care/everyone_project/hops19-physician-form-sdoh.pdf) | Measure uses food, housing and transportation screening questions.  Tool in English, Spanish, Chinese, French, Korean, Tagalog, Vietnamese |  |
| [American Academy of Family Physicians (AAFP) Social Needs Screening Tool—short form](https://www.aafp.org/dam/AAFP/documents/patient_care/everyone_project/physician-short.pdf) | Measure uses food, housing and transportation screening questions. |  |
| [Children’s Health Watch Housing Stability Vital Signs\*](https://childrenshealthwatch.org/wp-content/uploads/Full-CHW-Survey-English.pdf) | Measure uses three housing screening questions. | [Screening Discordance and Characteristics of Patients With Housing-Related Social Risks (childrenshealthwatch.org)](https://childrenshealthwatch.org/wp-content/uploads/1-s2.0-S0749379721001276-main-1.pdf) |
| Comprehensive Universal Behavior Screen | Measure uses transportation screening question. |  |
| [Health Leads Screening Panel\*](https://healthleadsusa.org/wp-content/uploads/2023/05/Screening_Toolkit_2018.pdf) | Measure uses food, housing and transportation screening questions.  Paper format. |  |
| [Hunger Vital Sign\*](https://childrenshealthwatch.org/wp-content/uploads/The-Hunger-Vital-Sign-english-to-spanish-translation.pdf) | The US Household Food Security Scale (HFSS) serves as the ‘gold standard’ in assessment and identification of food security. The Hunger Vital Sign is based on two questions from the HFSS. The Hunger Vital Sign was validated with a sample of 30,000 caregivers who sought pediatric care for their young children at one of five urban hospitals. It has a sensitivity of 97% (meaning that 97% of families identified as food insecure using the Hunger Vital Sign were identified as food insecure using the HFSS) and a specificity of 83% (meaning that 83% of families identified as food secure using the Hunger Vital Sign were identified as food secure using the HFSS). These rates of sensitivity and specificity are considered excellent in scientific publications  Tool is in English, Russian, Somalian, Vietnamese, Korean, Chinese, Spanish, Arabic, Swahili, French, Nepali.  Measure uses food screening question. | [FINAL-Hunger-Vital-Sign-4-pager.pdf (childrenshealthwatch.org)](https://www.childrenshealthwatch.org/wp-content/uploads/FINAL-Hunger-Vital-Sign-4-pager.pdf) |
| [Inpatient Rehabilitation Facility - Patient Assessment Instrument (IRF-PAI)—version 4.0 [CMS Assessment]](https://www.cms.gov/files/document/irf-pai-version-40-effective-10-01-22-final.pdf) | Measure uses transportation screening question.  Question adapted from PRAPARE. |  |
| Norwalk Community Health Center Screening Tool | Measure uses two housing screening questions. |  |
| [Outcome and assessment information set (OASIS) form—version E—Discharge from Agency [CMS Assessment]](https://www.cms.gov/files/document/draft-oasiseall-items-instrument-02012022.pdf) | Measure uses transportation screening question.  Question adapted from PRAPARE. |  |
| [Outcome and assessment information set (OASIS) form—version E—Resumption of Care [CMS Assessment]](https://www.cms.gov/files/document/draft-oasiseall-items-instrument-02012022.pdf) | Measure uses transportation screening question.  Question adapted from PRAPARE. |  |
| [Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences [PRAPARE]](https://prapare.org/wp-content/uploads/2023/01/PRAPARE-English.pdf) | PRAPARE was pilot tested with nearly 3,000 patients at health centers nationwide. Several analyses demonstrated good to excellent validity Greatest Lower bound (GLB) was 0.935 (excellent) and Cronbach’s Alpha was 0.86 (good).  PRAPARE has been translated in over 20 languages.  Measure uses food, housing and transportation screening questions. | [PRAPARE Validation Fact Sheet | PRAPARE](https://prapare.org/knowledge-center/prapare-infographic-factsheets/prapare-validation-fact-sheet/)  [The PRAPARE Screening Tool | PRAPARE](https://prapare.org/the-prapare-screening-tool/) |
| PROMIS | Measure uses transportation screening question. |  |
| [SEEK](https://seekwellbeing.org/wp-content/uploads/2022/10/SEEK-PQ-R-English-9-22.pdf) | In a study to evaluate validity and stability of the food insecurity screening in SEEK, a subset of SEEK and control clinic parents were recruited. Parents completed SEEK or the USDA Food Security scale upon recruitment and 6 months later. Validity, positive and negative predictive values were calculated. FI screen stability indicated substantial agreement (Cohen's kappa =0.69). Sensitivity and specificity was 59% and 87%, respectively. The PPV was 70%; NPV was 81%. SEEK families had a larger increase in screening rates than control families (24% vs. 4.1%, p<0.01). SEEK families were more likely to maintain SNAP enrollment (97% vs. 81%, p=0.05). FI rates remained stable at approximately 30% for both groups.  Tool in English, Spanish, French, Italian, Chinese, Portuguese, Nepali. Available in electronic and paper form. Measure uses food screening question. | [SEEK Materials – SEEK (seekwellbeing.org)](https://seekwellbeing.org/seek-materials/)  [Validation of the Swedish version of the safe environment for every kid (SEEK) parent screening questionnaire | BMC Public Health | Full Text (biomedcentral.com)](https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-023-16792-4) |
| [U.S. Household Food Security Survey](https://www.ers.usda.gov/media/8271/hh2012.pdf) | table of summary of reliability estimates using traditional indices  Measure uses food screening question.  Tool in English, Spanish and Chinese. | [TITLEPA1.PDF (azureedge.us)](https://fns-prod.azureedge.us/sites/default/files/TECH_RPT.PDF) |
| [U.S. Adult Food Security Survey](https://www.ers.usda.gov/media/8279/ad2012.pdf) | Measure uses food screening question. |  |
| [U.S. Child Food Security Survey](https://www.ers.usda.gov/media/8283/youth2006.pdf) | Measure uses food screening question.  The Child Food Security Survey Module was developed by researchers at the University of Southern Mississippi in collaboration with ERS and documented in “Food Security of Older Children Can Be Assessed Using a Standardized Survey Instrument,” by Carol L. Connell, Mark Nord, Kristi L. Lofton, and Kathy Yadrick (published by the Journal of Nutrition, vol. 134, no. 10, pp. 2566-72, 2004). Internal validity of the module was found adequate for children ages 12 and older, but its use is not recommended for younger children. | [Food Security Survey Module for Youth Ages 12 and Older (usda.gov)](https://www.ers.usda.gov/media/8283/youth2006.pdf) |
| [U.S. Household Food Security Survey–Six-Item Short Form](https://www.ers.usda.gov/media/8282/short2012.pdf) | The six-item short form of the survey module and the associated Six-Item Food Security Scale were developed by researchers at the National Center for Health Statistics in collaboration with Abt Associates Inc. and documented in “The effectiveness of a short form of the household food security scale,” by S.J. Blumberg, K. Bialostosky, W.L. Hamilton, and R.R. Briefel (published by the American Journal of Public Health, vol. 89, pp. 1231-34, 1999).Table 3: Sensitivity and Specificity in the short form of the household food security scale  Measure uses food screening question. | [The effectiveness of a short form of the Household Food Security Scale. - PMC (nih.gov)](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1508674/?page=4) |
| [Wecare Survey](https://sirenetwork.ucsf.edu/sites/default/files/HL%20BMC%20Screening%20Tool%20final%20%28English%29.pdf) | The latest WE CARE survey was adapted from a previous version of the screening instrument which had a test-retest reliability of 0.92. A 2007 study on the instrument does include that the tool was assessed for face validity (specifically assessed for understandability, ease to complete, and cultural appropriateness) by two focus groups consisting of clinic parents.11 Furthermore, content validity was established by faculty members and social workers and a two-week test-retest reliability assessment found the reliability to be 0.92.11  Measure uses food and housing screening questions. Available in paper form. | [SDoH-Report.pdf (unc.edu)](https://pharmacy.unc.edu/wp-content/uploads/sites/1043/2020/02/SDoH-Report.pdf)  [WeCare (kpwashingtonresearch.org)](https://sdh-tools-review.kpwashingtonresearch.org/screening-tools/wecare) |
| [WellRx Questionnaire](https://www.jabfm.org/content/jabfp/29/3/414.full.pdf) | WellRx questionnaires were completed by 3048 patients over the course of a 90-day pilot in New Mexico. Mecical Assistants' (MA) face-to-face-administration of the questionnaire yielded the highest percentage of patients reporting adverse social determinants. A total of 2038 questionnaires were completed by the MAs and 1110 were completed by self-administration. Of those surveyed, 46% (n = 1413) reported at least 1 social need. Of those reporting a social need, 63% (n = 890) indicated multiple needs. Needs most often indicated concerned utilities, income, employment, and education.  Measure uses food, housing and transportation screening questions. Available in paper form. | [Addressing Social Determinants of Health in a Clinic Setting: The WellRx Pilot in Albuquerque, New Mexico | American Board of Family Medicine (jabfm.org)](https://www.jabfm.org/content/29/3/414)  [Well Rx (kpwashingtonresearch.org)](https://sdh-tools-review.kpwashingtonresearch.org/screening-tools/well-rx) |