A Social History Tool using the IF-IT-HELPS mnemonic

This tool is designed as a reference, teaching and practice tool to assist in performing a social history in the context of healthcare provision. It is to be used as a guide for assessment and intervention, as opposed to a checklist.

### GENERAL APPROACH:
Strive to use a non-judgmental and attentive manner that creates a safe space for a patient to share, and build trust and rapport. Try to ask open-ended questions in a narrative manner, explaining the reason for certain questions and normalizing the process. Ensure that patients are aware their information is confidential and they are under no obligation to answer. Consider leaving the most sensitive topics (e.g. trauma) to emerge naturally in conversation or for when there is good rapport. Be self-reflective about your potential unconscious biases and work to mitigate them striving for using an anti-oppressive and culturally safe approach. Consider gathering information over several visits and documenting the social history in the patient chart for ongoing use and updating.

<table>
<thead>
<tr>
<th>Potential Opening Statements or Questions</th>
<th>Potential Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IDENTITY</strong></td>
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</tr>
<tr>
<td>Tell me about yourself.</td>
<td>ID clinics</td>
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<tr>
<td>Where were you born? Where did you grow up?</td>
<td>Professional interpretation</td>
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<tr>
<td>Do you have any aboriginal or indigenous heritage?</td>
<td>ESL classes and settlement services</td>
</tr>
<tr>
<td>What language are you most comfortable speaking in?</td>
<td>Indigenous services</td>
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<tr>
<td>Is faith or spirituality a big part of your life?</td>
<td>Culturally-specific services</td>
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<tr>
<td>How do you identify in terms of sexual orientation?</td>
<td>LGBTQ services</td>
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<tr>
<td>What gender pronouns do you prefer (he/she/they, her/him/them)?</td>
<td>Youth services</td>
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<tr>
<td></td>
<td>Seniors services</td>
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<tr>
<td><strong>FAMILY AND FRIENDS</strong></td>
<td></td>
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<tr>
<td>Are there people in your life you can count on for support?</td>
<td>Case management referral or connecting with existing case manager</td>
</tr>
<tr>
<td>Who lives with you at home?</td>
<td>Early years or parenting centre drop-ins</td>
</tr>
<tr>
<td>Do you have children? Who helps you with child care?</td>
<td>Community drop-in centres</td>
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<tr>
<td>What is your relationship like with your family? Your parents? Your siblings? Your children?</td>
<td>Seniors groups</td>
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<tr>
<td>Are you currently in a relationship?</td>
<td>Parenting groups</td>
</tr>
<tr>
<td>Tell me about your past relationships.</td>
<td>Potential identification of trauma or safety issues (see below)</td>
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<tr>
<td>Do you have a case manager or worker?</td>
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<tr>
<td><strong>INCOME</strong></td>
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<tr>
<td>Do you ever have difficulty making ends meet at the end of the month?</td>
<td>Using the Poverty Tool to find benefits</td>
</tr>
<tr>
<td>What are your current sources of income?</td>
<td>Assistance with income benefits forms</td>
</tr>
<tr>
<td>Do you ever run out of money to buy food?</td>
<td>Suggesting filing income taxes</td>
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<tr>
<td>Do you have trouble paying for public transportation?</td>
<td>Referral to food banks or meal programs</td>
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<tr>
<td>Do you have access to a phone or a place to leave messages?</td>
<td>Completing transportation forms/letter</td>
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<tr>
<td><strong>TRAUMA</strong></td>
<td></td>
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<tr>
<td>Consider leaving the most sensitive topics to emerge naturally in conversation or for when there is good rapport.</td>
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<tr>
<td>Have you had any significant negative experiences in your life that have left a lasting emotional impact on you?</td>
<td>Using a trauma-informed approach - communicating safety</td>
</tr>
<tr>
<td>Have you ever experienced or witnessed violence of any kind?</td>
<td>Counselling or trauma therapy</td>
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<tr>
<td>Did you ever feel unsafe during your childhood, or in any of your relationships?</td>
<td>Assessing mental health and safety</td>
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<td></td>
<td>Understanding a patient’s health risks based on Adverse Childhood Experiences</td>
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<td>Potential Opening Statements or Questions</td>
<td>Potential Interventions</td>
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<tr>
<td><strong>HOUSING</strong></td>
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<tr>
<td>• Where are you staying right now?</td>
<td>• Referral to emergency shelter</td>
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<tr>
<td>• When did you last have a stable place to stay?</td>
<td>• Drop-in services</td>
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<tr>
<td>• Do you need help finding housing?</td>
<td>• Housing worker</td>
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<tr>
<td>• What is your housing like?</td>
<td>• Legal clinic</td>
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<tr>
<td></td>
<td>• Tailoring care to challenges of homelessness</td>
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<tr>
<td><strong>EMPLOYMENT</strong></td>
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<tr>
<td>• Are you working right now?</td>
<td>• Resume-writing services</td>
</tr>
<tr>
<td>• What do you do for work? What other kinds of work have you done in the past?</td>
<td>• Employment counselling services</td>
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<tr>
<td>• Do you have benefits such as drug coverage?</td>
<td>• Ensuring medications are covered or low-cost</td>
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<tr>
<td><strong>EDUCATION</strong></td>
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<tr>
<td>• How far did you go in your education?</td>
<td>• Literacy classes</td>
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<tr>
<td>• How did you do in school?</td>
<td>• Tailoring patient information and communication</td>
</tr>
<tr>
<td>• Do you have any trouble reading or writing?</td>
<td>• Developmental assessment and services</td>
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<tr>
<td><strong>LEGAL</strong></td>
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<tr>
<td>• Do you have any legal issues you need help with?</td>
<td>• Legal clinics</td>
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<tr>
<td>• What is your current immigration status in Canada?</td>
<td>• Immigration support services</td>
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<tr>
<td>• Have you had contact with the legal system?</td>
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<tr>
<td><strong>PERSONAL SAFETY</strong></td>
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<tr>
<td>• Do you have any safety concerns?</td>
<td>• Violence Against Women services</td>
</tr>
<tr>
<td>• Do you feel safe in your relationship?</td>
<td>• Crisis helplines</td>
</tr>
<tr>
<td>• Has your partner ever hurt you? Your children?</td>
<td>• Legal services</td>
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<tr>
<td>• Do you feel safe in your home / neighbourhood?</td>
<td>• Counselling</td>
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<td></td>
<td>• Support groups</td>
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<tr>
<td><strong>SUBSTANCES</strong></td>
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<tr>
<td>• Do you smoke? How many cigarettes a day?</td>
<td>• Motivational interviewing and pharmacological therapies</td>
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<tr>
<td>• How often do you drink alcohol? How many drinks on average?</td>
<td>• Support groups and counselling</td>
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<tr>
<td>• Do you use any recreational drugs? What about in the past?</td>
<td>• Inpatient and outpatient rehab and programs</td>
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<td>• Detox and harm reduction services</td>
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<tr>
<td><strong>SEXUAL HEALTH</strong></td>
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<tr>
<td>• Are you sexually active?</td>
<td>• STI screening based on exposure history</td>
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<tr>
<td>• How many sexual partners have you had in the past six months?</td>
<td>• Contraceptive counselling</td>
</tr>
<tr>
<td>• Have you ever had any sexually transmitted infections?</td>
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</tbody>
</table>

Content by Dr. Ritika Goel, MD, MPH, CCFP


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