

Social Determinants of Health Screening

LIVING SITUATION

What is your living situation today?

- ☐ I Have A Steady Place To Live ☐ I Have A Place To Live Today, But I Am Worried About Losing It In The Future

Think about the place you live. Do you have problems with any of the following?

- ☐ Pests such as bugs, ants, or mice
☐ Mold
☐ Lead paint or pipes
☐ Lack of heat
☐ Oven or stove not working
☐ Smoke detectors missing or not working
☐ Water leaks
☐ None of the above

FOOD

Within the past 12 months, you worried that your food would run out before you got money to buy more.

- ☐ Often True ☐ Sometimes True ☐ Never True

Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

- ☐ Often True ☐ Sometimes True ☐ Never True

TRANSPORTATION

In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?

- ☐ Yes ☐ No

UTILITIES

In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?

- ☐ Yes ☐ No

SAFETY

How often does anyone, including family and friends, scream or curse at you?

- ☐ Never
☐ Rarely
☐ Sometimes
☐ Fairly Often
☐ Frequently

How often does anyone, including family and friends, insult or talk down to you?

- ☐ Never
☐ Rarely
☐ Sometimes
☐ Fairly Often
☐ Frequently

How often does anyone, including family and friends, threaten you with harm?

- ☐ Never
☐ Rarely
☐ Sometimes
☐ Fairly Often
☐ Frequently

How often does anyone, including family and friends, physically hurt you?

- ☐ Never
☐ Rarely
☐ Sometimes
☐ Fairly Often
☐ Frequently

FINANCIAL STRAIN

How hard is it for you to pay for the very basics like food, housing, medical care, and heating? Would you say it is:

- ☐ Very Hard ☐ Somewhat Hard ☐ Not Hard At All

EMPLOYMENT

Do you want help finding or keeping work or a job?

- ☐ Yes, Help Finding Work ☐ Yes, Help Keeping Work ☐ I Do Not Need or Want Help

FAMILY & COMMUNITY SUPPORT

If for any reason you need help with day-to-day activities such as bathing, preparing meals, shopping, managing finances, etc., do you get the help you need?

- ☐ I Don't Need Any Help ☐ I Get All The Help I Need ☐ I Could Use A Little More Help ☐ I Need A Lot More Help

How often do you feel lonely or isolated from those around you?

- ☐ Never
☐ Rarely
☐ Sometimes
☐ Often
☐ Always

EDUCATION

Do you speak a language other than English at home?

- ☐ Yes ☐ No

Do you want help with school or training? For example, starting or completing job training or getting a high school diploma, GED or equivalent.

- ☐ Yes ☐ No

PHYSICAL ACTIVITY

In the last 30 days, other than the activities you did for work, on average, how many days per week did you engage in moderate exercise (like walking fast, running, jogging, dancing, swimming, biking, or other similar activities)?:

On average, how many minutes did you usually spend exercising at this level on one of those days?:

SUBSTANCE USE

How many times in the past 12 months have you had 5 or more drinks in a day (males) or 4 or more drinks in a day (females)? One drink is 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of 80-proof spirits.

- ☐ Never
- ☐ Once or Twice
- ☐ Monthly
- ☐ Weekly
- ☐ Daily or Almost

How many times in the past year have you used prescription drugs for non-medical reasons?

- ☐ Never
- ☐ Once or Twice
- ☐ Monthly
- ☐ Weekly
- ☐ Daily or Almost Daily

How many times in the past 12 months have you used tobacco products (like cigarettes, cigars, snuff, chew, electronic cigarettes)?

- ☐ Never
- ☐ Once or Twice
- ☐ Monthly
- ☐ Weekly
- ☐ Daily or Almost Daily

How many times in the past year have you used illegal drugs?

- ☐ Never
- ☐ Once or Twice
- ☐ Monthly
- ☐ Weekly
- ☐ Daily or Almost Daily

MENTAL HEALTH

Over the past 2 weeks, how often have you felt down, depressed, or hopeless?

- ☐ Not At All
- ☐ Several Days
- ☐ More Than Half The Days
- ☐ Nearly Every Day

Over the past 2 weeks, how often have you been bothered by having little interest or pleasure in doing things?

- ☐ Not At All
- ☐ Several Days
- ☐ More Than Half The Days
- ☐ Nearly Every Day

Stress means a situation in which a person feels tense, restless, nervous, or anxious, or is unable to sleep at night because his or her mind is troubled all the time. Do you feel this kind of stress these days?

- ☐ Not At All
- ☐ A Little Bit
- ☐ Somewhat
- ☐ Quite A Bit
- ☐ Very Much

DISABILITIES

Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (5 years old or older)

- ☐ Yes
- ☐ No

Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (15 years old or older)

☐ Yes ☐ No