

Social Determinants of Health

ERROR! You must complete the enrollment form and the visit form before you can start this form.

Date of SDOH data collection:

Check this box if the coordinator is entering data:

Coordinator data entry

Housing:

How many people live with you? _____

Are you currently living in transitional housing, staying in a shelter, or experiencing homelessness?

- Yes
- No
- I prefer not to answer

Which best describes the place in which you live?

- A one-family house detached from any other house
- A townhouse, row house, apartment, or condo of 2-4 units
- An apartment or condo with 5-19 units
- An apartment or condo with 20 or more units
- Nursing home
- Residential care for people with intellectual and developmental disabilities
- Psychiatric treatment facility
- Other group home setting
- Foster care
- Somewhere else
- I prefer not to answer

Marital Status:

What is your current marital status?

- Married
- Divorced
- Widowed
- Separated
- Never Married
- Living with partner
- I prefer not to answer

Employment:

We would like to know about what you were doing around [stem_your] -- were you working, looking for work, retired, keeping house, a student, or something else?

- Working
- Only temporarily laid off, sick leave or maternity leave
- Looking for work, unemployed
- Retired
- Disabled, permanently or temporarily
- Keeping house
- Student
- Other (Specify)
- I prefer not to answer
- I don't know

Please specify other employment status:

Insurance:

Are you currently covered by any of the following types of health insurance or health coverage plans? Select all that apply.

- Insurance purchased directly from an insurance company (by you or another family member)
- Insurance through a current or former employer or union (by you or another family member)
- Medicare, for people 65 or older, or people with certain disabilities
- Medicaid, Medical Assistance, or any kind of government assistance plan for those with low incomes or disability
- TRICARE, or other military health care
- Veteran Affairs (VA) (including those who have ever used or enrolled for VA health care)
- Indian Health Service
- I don't have health insurance, self-pay
- I don't know what kind of health insurance I have
- I prefer not to answer

Did you lose health insurance coverage because of the COVID pandemic?

- Yes
- No
- Don't know
- Prefer not to answer

Birthplace:

Where were you born?

- In the United States or a United States territory
- Outside the United States and territories
- I prefer not to answer

Please specify which state or territory you were born in:

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia(DC)
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming
- American Somoa
- GUAM
- Northern Mariana Islands
- Puerto Rico
- US Virgin Islands

Please specify which foreign country you were born in:

Spoken Language:

Is English your primary language?

- Yes
- No
- Prefer not to answer

What language(s)

- Spanish
- Vietnamese
- Mandarin
- Cantonese
- Tagalog
- Hawaiian
- Ilocano
- Navajo
- Russian
- Hindi
- Haitian Creole
- Cape Verdean Creole
- Other
- Prefer not to answer

Specify other language(s)

Would you say you speak English...

- Very well
- Well
- Not well
- Not at all
- Prefer not to answer

Family Income:

In 2019, what was your total household income before taxes?

- Less than \$15,000
- \$15,000 - \$19,999
- \$20,000 - \$24,999
- \$25,000 - \$34,999
- \$35,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 - \$99,999
- \$100,000 and above
- Prefer not to answer

Household Finances:

Has your household income changed significantly since February 2020?
(Please EXCLUDE a stimulus payment from the federal government if you have received one)

- Yes, my household income is more
 - Yes, my household income is less
 - No, my household income is about the same
 - Prefer not to answer
-

In the past month, how difficult has it been for you to cover your expenses and pay all your bills?

- Very difficult
- Somewhat difficult
- Not at all difficult
- Don't know
- Prefer not to answer

Food Insecurity:

These next questions are about the food eaten in your household in the last 12 months and whether you were able to afford the food you need

Within the past 12 months before [stem_my] we worried whether our food would run out before we got money to buy more.

- Often true
 - Sometimes true
 - Never true
 - Prefer not to answer
-

Within the past 12 months before [stem_my] the food we bought just didn't last and we didn't have money to get more.

- Often true
- Sometimes true
- Never true
- Prefer not to answer

Access to Healthcare:

Before [stem_your], about how long had it been since you last saw a doctor or other health care professional about your health?

- Within the previous year (less than 12 months ago)
- Within the previous two years (1 year but less than 2 years ago)
- Within the previous three years (2 years but less than 3 years ago)
- Within the previous five years (3 years but less than 5 years ago)
- Within the previous ten years (5 years but less than 10 years ago)
- Ten years ago or more
- I can't remember
- I prefer not to answer

Was this a wellness visit, physical, or general purpose check-up?

- Yes
- No
- I don't know
- I prefer not to answer

About how long has it been since you last saw a doctor or other health professional for a wellness visit, physical, or general purpose check-up?

- Within the previous year (less than 12 months ago)
- Within the previous two years (1 year but less than 2 years ago)
- Within the previous three years (2 years but less than 3 years ago)
- Within the previous five years (3 years but less than 5 years ago)
- Within the previous ten years (5 years but less than 10 years ago)
- Ten years ago or more
- I can't remember
- I prefer not to answer

The second question is particularly about the last wellness visit you had, which you indicated was not as recent as the last visit you had. If the answer is correct, ignore this note.

Is there a place that you USUALLY go to if you are sick and need health care?

- Yes
- There is NO place
- There is MORE THAN ONE place
- Don't know
- I prefer not to answer

What kind of place is it/do you go to most often?

- A doctor's office or health center
- An urgent care center
- A clinic in a drug store or grocery store
- A hospital emergency room
- A VA Medical Center or VA outpatient clinic
- Some other place
- Do not go to one place most often
- Don't know
- Prefer not to answer

During the 12 months before [stem_your], how many times had you gone to an urgent care center or a clinic in a drug store or grocery store about your health?

During the 12 months before [stem_your], how many times had you gone to a hospital emergency room about your health?

During the 12 months before [stem_your], had you been hospitalized overnight?

- Yes
 - No
 - I don't know
 - I prefer not to answer
-

During the 12 months before [stem_your], was there any time when you needed medical care, but DID NOT GET IT because of the cost?

- Yes
- No
- I don't know
- I prefer not to answer

Social Support:

If you needed it, how often is someone available...

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
to help you if you were confined to bed?	<input type="radio"/>				
to take you to the doctor if you need it?	<input type="radio"/>				
to prepare your meals if you are unable to do it yourself?	<input type="radio"/>				
to help with daily chores if you were sick?	<input type="radio"/>				
to have a good time with?	<input type="radio"/>				
to turn to for suggestions about how to deal with a personal problem?	<input type="radio"/>				
who understands your problems?	<input type="radio"/>				
to love and make you feel wanted?	<input type="radio"/>				

Community Cohesion:

We are now going to ask you several questions about the neighborhood where you live because sometimes, it can help us understand your health.

Please indicate the degree to which you agree or disagree with the below statements.

	Definitely agree	Somewhat agree	Somewhat disagree	Definitely disagree	Prefer not to answer
People in this neighborhood help each other out.	<input type="radio"/>				
There are people I can count on in this neighborhood.	<input type="radio"/>				
People in this neighborhood can be trusted.	<input type="radio"/>				

Discrimination:

In your day-to-day life, how often do any of the following things happen to you?

	Almost every day	At least once a week	A few times a month	A few times a year	Less than once a year	Never	Prefer not to answer
You are treated with less courtesy than other people are.	<input type="radio"/>						
You are treated with less respect than other people are.	<input type="radio"/>						
You receive poorer service than other people at restaurants or stores.	<input type="radio"/>						
People act as if they think you are not smart.	<input type="radio"/>						
People act as if they are afraid of you.	<input type="radio"/>						
People act as if they think you are dishonest.	<input type="radio"/>						
People act as if they're better than you are.	<input type="radio"/>						
You are called names or insulted.	<input type="radio"/>						
You are threatened or harassed.	<input type="radio"/>						
You are discriminated against, hassled, or made to feel inferior while getting medical care.	<input type="radio"/>						

What do you think is the main reason for these experiences?

- Your Ancestry or National Origins
- Your Gender
- Your Race
- Your Age
- Your Religion
- Your Height
- Your Weight
- Some other Aspect of Your Physical Appearance
- Your Sexual Orientation
- Your Education or Income Level
- A physical disability
- Your shade of skin color
- Your tribe
- Other
- Prefer not to answer

Other (please specify)

	Never	Almost never	Sometimes	Fairly often	Very often
In the last month, how often have you felt that you were unable to control the important things in your life?	<input type="radio"/>				
In the last month, how often have you felt confident about your ability to handle your personal problems?	<input type="radio"/>				
In the last month, how often have you felt that things were going your way?	<input type="radio"/>				
In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	<input type="radio"/>				