

Social Determinants of Health

Patient Name: _____ **Date of Birth:** _____

As part of your visit today we would like to help with other resources for you and/or your family to maintain your health. We know that factors at home may influence your ability to be healthy. Some examples of these include access to food, housing, utilities, and transportation. Some of the questions may be personal but your answers will be kept confidential and the information is used only to help with offering resources. Our goal is to help you be healthy and have the resources to do just that.

Category	Questions	Responses (circle your answer)
Education	Do you ever need help finding a local career center and/or job training?	Yes No
Education	Do you ever need help reading hospital materials?	Yes No
Education	What is the highest level of school that you have completed?	None Elementary/Middle School High School College Graduate/Professional School
Financial Resource Strain	How hard is it for you to pay for the basics, like food, housing, medical care, and heating?	Very Hard Hard Somewhat Hard Not Very Hard Not Hard at All Patient Refused
Food	Within the past 12 months, has the food you bought just didn't last and you didn't have money to get more?	Never True Sometimes True Often True Patient Refused
Food	Within the past 12 months, have you worried that your food would run out before you got money to buy more?	Never True Sometimes True Often True Patinet Refused
Intimate Partner Violence	Within the last year, have you been afraid of someone close to you?	Yes No
Intimate Partner Violence	Within the last year, have you been humiliated or emotionally abused in other ways by someone close to you?	Yes No
Intimate Partner Violence	Within the last year, have you been kicked, hit, slapped, or otherwise physically hurt by someone close to you?	Yes No
Intimate Partner Violence	Within the last year, have you been raped or forced to have any kind of sexual activity by someone close to you?	Yes No
Physical Activity	On average, how many days per week do you engage in moderate to strenuous exercise?	0 Days 1 Day 2 Days 3 Days 4 Days 5 Days 6 Days 7 Days

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Physical Activity	On average, how many minutes per session do you engage in exercise at this level?	0,10,20,30,40,50,60,70,80,90,100,110,120,130,140,150+ Patient Refused
Social Connection & Isolation	Are you now married, widowed, divorced, separated, never married or living with a partner?	Married Widowed Divorced Separated Never Married Living with a partner Patient Refused Not Asked
Social Connection & Isolation	How often do you attend church or religious services?	Never 1 - 4 times per Year More than 4 Times per Year
Social Connection & Isolation	How often do you attend meetings for the clubs or organizations you belong to?	Never 1 - 4 times per Year More than 4 Times per Year Patient Refused
Social Connection & Isolation	How often do you feel isolated from others?	Never Rarely Sometimes Often Always
Social Connection & Isolation	How often do you get together with the friends or relatives?	Never 1 Time per Week 2 Times per Week 3 Times Per Week More than 3 Times per Week Patient Refused
Social Connection & Isolation	In a typical week, how many times do you talk on the telephone with family, friends, or neighbors?	Never 1 Time per Week 2 Times per Week 3 Times Per Week More than 3 Times per Week Patient Refused
Social Connection & Isolation	In the last 4 weeks, did getting elder care or child care make it difficult to work or study?	Yes No
Stress	How stressed are you? Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled.	Not at all Only a Little To Some Extent Rather Much Very Much Patient Refused
Transportation	In the past 12 months, has lack of transportation kept you from medical appointments or from getting medications?	Yes No Patient Refused

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Category	Questions	Responses (circle your answer)
Transportation	In the past 12 months, has lack of transportation kept you from meetings, work or from getting things needed for daily living?	Yes No Patient Refused
Assistance	Do you want assistance?	Yes No
Assistance	Is it urgent?	Yes No
Depression	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
Depression	Over the past 2 weeks, how often have you felt little interest or pleasure in doing things?	Not at all Several Days More than half the days Nearly Every Day

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?

(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. 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	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

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=Total Score:

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all

Somewhat difficult

Very difficult

Extremely difficult