

## CareMEDICA Social Determinants of Health Questionnaire

***\*\*Social determinants of health are conditions in the places people live, learn, work and play that affect a wide range of health and quality of life risks and outcomes\*\****

Patient Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### What is your current housing situation?

- ☐ I have housing
- ☐ I do not have housing (I live with others, in a hotel or a shelter)
- ☐ I choose not to answer this question

### Are you worried about losing your housing?

- ☐ Yes
- ☐ No
- ☐ I choose not to answer this question

### What is the highest level of education you have completed?

- ☐ Less than high school degree
- ☐ High school diploma or GED
- ☐ More than high school
- ☐ I choose not to answer this question

### What is your current work situation?

- ☐ Unemployed and seeking work
- ☐ Part time or temporary work
- ☐ Full time work
- ☐ Otherwise unemployed but not seeking work
- ☐ Retired
- ☐ I choose not to answer this question

### In the past year, have you spent more than 2 nights in a row in jail?

- ☐ Yes
- ☐ No
- ☐ I choose not to answer this question

### What country are you from?

- ☐ United States of America
- ☐ Country other than the United States
- ☐ I choose not to answer this question

### Do you feel physically and emotionally safe where you live?

- ☐ Yes
- ☐ No
- ☐ I choose not to answer this question

### In the past year, have you been afraid of your partner or ex-partner?

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ I have not had a partner in the past year
- ☐ I choose not to answer this question

### In the past year, have you or any family members you live with been unable to get any of the following when it was really needed?

- ☐ Food
- ☐ Clothing
- ☐ Utilities
- ☐ Child Care
- ☐ Medicine
- ☐ Phone
- ☐ Other
- ☐ I do not have any problems meeting my needs

**Has lack of transportation kept you from medical appointments, work, meetings or getting things needed for daily living?**

- ☐ Yes
- ☐ No
- ☐ I choose not to answer this question

**How often do you see or talk to people that you care about and feel close to?**

- ☐ Less than once a week
- ☐ 1 or 2 times a week
- ☐ 3 or 5 times a week
- ☐ More than 5 times a week
- ☐ I choose not to answer this question

**Are you a refugee?**

- ☐ Yes
- ☐ No
- ☐ I choose not to answer this question

**How stressed are you? Stress is when someone feels tense, nervous, anxious or can't sleep.**

- ☐ Not at all
- ☐ A little bit
- ☐ Somewhat
- ☐ Quite a bit
- ☐ Very much
- ☐ I choose not to answer this question