Social Determinants of Health Questionnaire (SDOH)

Please check the responses that apply to you. Complete questions 1-6, then 7-13.

PATIENT NAME: _____ DOB: _____ DATE: _____

1. What is your current housing situation?

- ☐ I have housing
- ☐ I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, or in a park)
- ☐ I choose not to answer this question

2. Are you worried about losing your housing?

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

3. What is the highest level of school you have finished?

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

4. What is your current work situation?

- ☐ Unemployed and seeking work
- ☐ Part time or temporary work
- ☐ Full time work
- ☐ Otherwise unemployed but not seeking work (ex. student, retired, disabled, unpaid primary care giver)
- ☐ I choose not to answer this question

5. 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? Check all that apply

- ☐ Food
- ☐ Clothing
- ☐ Utilities
- ☐ Child care
- ☐ Medicine or any health care (medical, dental, mental health or vision)
- ☐ Phone
- ☐ Other (specify below)
- ☐ I do not have problems meeting my needs
- ☐ I choose not to answer this question

_____

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

- ☐ Yes, it has kept me from medical appointments or from getting my medications
- ☐ Yes, it has kept me from non-medical meetings, appointments, work, or getting things needed for daily living
- ☐ No
- ☐ I choose not to answer this question

7. How often do you see or talk to people that you care about and feel close to? (For example: talking to friends on the phone, visiting friends or family, going to church or club meetings)

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

8. 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
- ☐ A little bit
- ☐ Somewhat
- ☐ Quite a bit
- ☐ Very much
- ☐ I choose not to answer this question

9. In the past year have you spent more than 2 nights in a row in a jail, prison, detention center, or juvenile correctional facility?

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

10. Are you a refugee?

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

11. What country are you from?

- ☐ United States
- ☐ Country Other than the United States (specify below)
- ☐ I choose not to answer this question

_____

12. Do you feel physically and emotionally safe where you currently live?

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

13. 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