



Name: \_\_\_\_\_ DOB: \_\_\_\_\_ FIN#: \_\_\_\_\_

Today's Date: \_\_\_\_\_

## Social Determinants of Health

**Financial Resource 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
- ☐ Hard
- ☐ Somewhat hard
- ☐ Not very hard

Which of the basics do you find the most difficult to pay?

- ☐ Food
- ☐ Housing
- ☐ Medical Care
- ☐ Heating
- ☐ Prescriptions
- ☐ Insurance

**Transportation**

In the past 12 months, has lack of transportation kept you from medical appointments, meetings, work or from getting things needed for daily living? (check all that apply)

- ☐ Yes is has kept me from medical appointments or getting medications
- ☐ Yes, it has kept me from non-medical meetings, appointments, work or getting things that I need
- ☐ No

**Education**

What is the highest grade or level or school you have completed or the highest degree you have received

- ☐ Never attended/Kindergarten only
- ☐ 1st grade
- ☐ 2nd grade
- ☐ 3rd grade
- ☐ 4th grade
- ☐ 5th grade
- ☐ 6th grade
- ☐ 7th grade
- ☐ 8th grade
- ☐ 9th grade
- ☐ 10th grade
- ☐ 11th grade
- ☐ 12th grade, no diploma
- ☐ High school graduate
- ☐ GED
- ☐ Some college, no degree
- ☐ Associate degree: occupational, technical or vocational program
- ☐ Associate degree: academic program
- ☐ Bachelor's degree
- ☐ Master's degree
- ☐ Professional school degree
- ☐ Doctoral degree

## **Stress**

Do you feel stress - tense, restless, nervous, or anxious, or unable to sleep at night because your mind is troubled all the time - these days?

- ☐ Not at all
- ☐ Only a little
- ☐ To some extent
- ☐ Rather much
- ☐ Very much

## **Social Connection and Isolation NHANES**

Are you now married, widowed, divorced, separated, never married or living with a partner?

- ☐ Married
- ☐ Widowed
- ☐ Divorced
- ☐ Separated
- ☐ Never married
- ☐ Living with partner

In a typical week, how many times do you talk on the telephone with family, friends or neighbors?

Answer with a number:

In a typical week, how often do you get together with friends or relatives ?

Answer with a number:

Yearly how often do you attend church or religious services?

Answer with a number:

Do you belong to any clubs or organizations such as church groups, unions, fraternal or athletic groups, or school groups?

- ☐ Yes
- ☐ No



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**Exposure to Violence HARK**

Within in the last year, have you been humiliated or emotionally abused in other ways by your partner or ex-partner?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Within the last year, have you been afraid of your partner or ex-partner?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Within the last year, have you been raped or forced to have any kind of sexual activity by your partner or ex-partner?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Within the last year, have you been kicked, hit, slapped, or otherwise physically hurt by your partner or ex-partner?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

**CSSRS Screener, Recent, With Triage, Output Ambulatory**

1. In past month, have you wished you were dead or wished you could go to sleep and not wake up?

<input type="checkbox"/>	Past month, yes
<input type="checkbox"/>	Past month, no

2. In past month, have you actually had thoughts about killing yourself?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If you answered **YES** to #2 go to question #3 and complete the rest of the questions. If you answered **NO** go to question #6

3. In past months, have you been thinking about how you might kill yourself?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

4. In past month, have you had these thoughts and had some intention of acting on them?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

5. In past month, have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

6. Have you ever done anything, started to do anything, or prepared to do anything to end your life?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

7. In past 3 months, have you done anything started to do anything, or prepared to do anything to end your life?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No