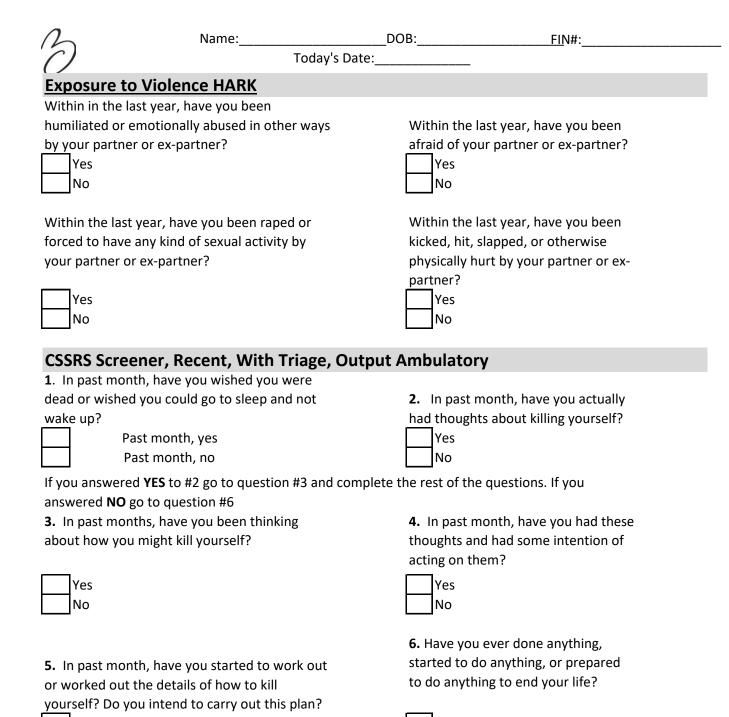


| Name: | DOB: | FIN#: | |
|-------|---------------|-------|--|
| | Today's Date: | | |

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 |
| <u>Transportation</u> | |
| In the past 12 months, has lack of transportation kept you from getting things needed for daily living? (check all that ap Yes is has kept me from medical appointments or gettin Yes, it has kept me from non-medical meetings, appoint No | ply) g medications |
| Education | |
| What is the highest grade or level or school you have completed. Never attended/Kindergarten only 1st grade 2nd grade 3rd grade 4th grade 5th grade 6th grade 7th 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 packed and program Bachelor's degree Master's degree Professional school degree | |

| <u>Stress</u> | |
|--|--|
| 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 | |



Yes

No

3

Yes

No

Yes No

anything to end your life?

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