



SOCIAL DETERMINANTS OF HEALTH FORM (SDOH)

PATIENT NAME: _____ DOB: _____ DATE: _____

MONEY & RESOURCES

What is your current housing situation?

| | |
|--------------------------|---|
| <input type="checkbox"/> | I have housing |
| <input type="checkbox"/> | 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) |
| <input type="checkbox"/> | I choose not to answer this question |

Are you worried about losing your housing?

| | |
|--------------------------|--------------------------------------|
| <input type="checkbox"/> | Yes |
| <input type="checkbox"/> | No |
| <input type="checkbox"/> | I choose not to answer this question |

What is the highest level of school you have finished?

| | |
|--------------------------|--------------------------------------|
| <input type="checkbox"/> | Less than a high school degree |
| <input type="checkbox"/> | High school diploma or GED |
| <input type="checkbox"/> | More than high school |
| <input type="checkbox"/> | I choose not to answer this question |

What is your current work situation?

| | |
|--------------------------|---|
| <input type="checkbox"/> | Unemployed or seeking work |
| <input type="checkbox"/> | Part time or temporary work |
| <input type="checkbox"/> | Full time work |
| <input type="checkbox"/> | Otherwise unemployed but not seeking work (ex. Student, retired, disabled, unpaid primary care giver) |
| <input type="checkbox"/> | I choose not to answer this question |

In the past year, have you or any family members you live with been able to get any of the following when it was really needed? Check all that apply.

| | |
|--------------------------|--|
| <input type="checkbox"/> | Food |
| <input type="checkbox"/> | Clothing |
| <input type="checkbox"/> | Utilities |
| <input type="checkbox"/> | Childcare |
| <input type="checkbox"/> | Medicine or any health care (medical, dental, mental health or vision) |
| <input type="checkbox"/> | Phone |
| <input type="checkbox"/> | Other (please specify): _____ |
| <input type="checkbox"/> | I do not have problems meeting my needs |
| <input type="checkbox"/> | I choose not to answer this question |

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

| | |
|--------------------------|--|
| <input type="checkbox"/> | Yes, it has kept me from medical appointments or from getting my medications |
| <input type="checkbox"/> | Yes, it has kept me from non-medical meetings, appointments, work, or getting things needed for daily living |
| <input type="checkbox"/> | No |
| <input type="checkbox"/> | I choose not to answer this question |

SOCIAL & EMOTIONAL HEALTH

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)

| | |
|--------------------------|--------------------------------------|
| <input type="checkbox"/> | Less than once a week |
| <input type="checkbox"/> | 1 or 2 times a week |
| <input type="checkbox"/> | 3 to 5 times a week |
| <input type="checkbox"/> | More than 5 times a week |
| <input type="checkbox"/> | I choose not to answer this question |

How stressed are you? Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled.

| | |
|--------------------------|--------------------------------------|
| <input type="checkbox"/> | Not at all |
| <input type="checkbox"/> | A little bit |
| <input type="checkbox"/> | Somewhat |
| <input type="checkbox"/> | Quite a bit |
| <input type="checkbox"/> | Very much |
| <input type="checkbox"/> | I choose not to answer this question |

ADDITIONAL QUESTIONS

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

| | |
|--------------------------|--------------------------------------|
| <input type="checkbox"/> | Yes |
| <input type="checkbox"/> | No |
| <input type="checkbox"/> | I choose not to answer this question |

Are you a refugee?

| | |
|--------------------------|--------------------------------------|
| <input type="checkbox"/> | Yes |
| <input type="checkbox"/> | No |
| <input type="checkbox"/> | I choose not to answer this question |

What country are you from?

| | |
|--------------------------|--|
| <input type="checkbox"/> | United States |
| <input type="checkbox"/> | Country other than the United States (please specify): _____ |
| <input type="checkbox"/> | I choose not to answer this question |

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

| | |
|--------------------------|--------------------------------------|
| <input type="checkbox"/> | Yes |
| <input type="checkbox"/> | No |
| <input type="checkbox"/> | Unsure |
| <input type="checkbox"/> | I choose not to answer this question |

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

| | |
|--------------------------|---|
| <input type="checkbox"/> | Yes |
| <input type="checkbox"/> | No |
| <input type="checkbox"/> | Unsure |
| <input type="checkbox"/> | I have not had a partner in the past year |
| <input type="checkbox"/> | I choose not to answer this question |