



Form A1a: Social Determinants of Health

ADRC: _____ PTID: _____ Form date: ____/____/____ Visit #: _____ Examiner's initials: _____

Language: <input type="checkbox"/> 1 English <input type="checkbox"/> 2 Spanish	Mode: <input type="checkbox"/> 1 In-person <input type="checkbox"/> 2 Remote (reason): ____ <input type="checkbox"/> 1 Telephone <input type="checkbox"/> 2 Video	Key (remote reason): 1=Too cognitively impaired 2=Too physically impaired 3=Homebound or nursing home 4=Refused in-person visit 5=Other
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INSTRUCTIONS: The following questions are designed to assess your current and past life experiences. These questions will help us understand how certain experiences affect your health. You do not have to answer any question that makes you feel uncomfortable.

Section 1 — Transportation

1.	Do you or someone in your household currently own a car?	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 8 Prefer not to answer
2.	Do you have consistent access to transportation?	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 8 Prefer not to answer
3.	In the past 30 days, how often were you not able to leave the house when you wanted to because of a problem with transportation?	<input type="checkbox"/> 1 Often <input type="checkbox"/> 2 Sometimes <input type="checkbox"/> 3 Never <input type="checkbox"/> 8 Prefer not to answer
4.	In the past 30 days, how often did you worry about whether or not you would be able to get somewhere because of a problem with transportation?	<input type="checkbox"/> 1 Often <input type="checkbox"/> 2 Sometimes <input type="checkbox"/> 3 Never <input type="checkbox"/> 8 Prefer not to answer
5.	In the past 30 days, how often did it take you longer to get somewhere than it would have taken you if you had different transportation?	<input type="checkbox"/> 1 Often <input type="checkbox"/> 2 Sometimes <input type="checkbox"/> 3 Never <input type="checkbox"/> 8 Prefer not to answer
6.	In the past 30 days, how often has a lack of transportation kept you from medical appointments or from doing things needed for daily living?	<input type="checkbox"/> 1 Often <input type="checkbox"/> 2 Sometimes <input type="checkbox"/> 3 Never <input type="checkbox"/> 8 Prefer not to answer

Section 2 — Financial security

7.	Which of these income groups represents your household income <u>for the past year</u> ? Include income from all sources such as wages, salaries, social security or retirement benefits, help from relatives, rent from property, and so forth. <i>This information will be kept confidential and will not be shared in a way that identifies you with any other person, organization or government entity.</i>	<input type="checkbox"/> 1 \$0 - \$14,999 <input type="checkbox"/> 2 \$15,000 – \$29,999 <input type="checkbox"/> 3 \$30,000 – \$74,999 <input type="checkbox"/> 4 \$75,000 and over <input type="checkbox"/> 8 Prefer not to answer <input type="checkbox"/> 9 Don't know
8.	How satisfied are you with your current personal financial condition?	<input type="checkbox"/> 1 Completely satisfied <input type="checkbox"/> 2 Satisfied <input type="checkbox"/> 3 Somewhat satisfied <input type="checkbox"/> 4 Not very satisfied <input type="checkbox"/> 5 Not at all satisfied <input type="checkbox"/> 8 Prefer not to answer
9.	How difficult is it for you to meet monthly payments on your bills?	<input type="checkbox"/> 1 Not at all <input type="checkbox"/> 2 Slightly <input type="checkbox"/> 3 Moderately <input type="checkbox"/> 4 Very <input type="checkbox"/> 5 Extremely <input type="checkbox"/> 8 Prefer not to answer

Section 2 — Financial security*continued...*

10.	If you have had financial problems that lasted twelve months or longer, how upsetting has it been to you?	<input type="checkbox"/> 1 No financial problems for twelve months or longer <input type="checkbox"/> 2 Yes, financial problems for twelve months or longer, but not upsetting to me <input type="checkbox"/> 3 Yes, financial problems for twelve months or longer, and somewhat upsetting to me <input type="checkbox"/> 4 Yes, financial problems for twelve months or longer, and very upsetting to me <input type="checkbox"/> 8 Prefer not to answer
11.	At any time, did you ever eat less than you felt you should because there wasn't enough money to buy food?	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 8 Prefer not to answer
12.	In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 8 Prefer not to answer
13.	At any time, have you ended up taking less medication than was prescribed for you because of the cost?	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 8 Prefer not to answer
14.	In the last 12 months, have you ended up taking less medication than was prescribed for you because of the cost?	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 8 Prefer not to answer
15.	Think of this ladder with 10 steps representing where people stand in the United States. At step 10 are people who are the best off – those who have the most money, the most education, and best jobs. At step 1 are the people who are the worst off – those who have the least money, least education, and the worst jobs or no job. The higher up you are on this ladder, the closer you are to the people at the very top and the lower you are, the closer you are to the people at the very bottom.	
15a.	Where would you place yourself on this ladder compared to others in your community (or neighborhood)? Please mark the number where you would place yourself.	
15b.	Where would you place yourself on this ladder compared to others in the U.S.?	
15c.	Thinking of your childhood, where would your family have been placed on this ladder compared to others in your community (or neighborhood)?	
16.	Thinking of the person who raised you, what was their highest level of education completed?	<input type="checkbox"/> 1 Never attended school or only attended kindergarten <input type="checkbox"/> 2 Grades 1 through 8 (elementary) <input type="checkbox"/> 3 Grades 9 through 11 (some high school) <input type="checkbox"/> 4 Grade 12 or GED (high school graduate) <input type="checkbox"/> 5 College 1 year to 3 years (some college) <input type="checkbox"/> 6 College 4 years or more (college graduate) <input type="checkbox"/> 9 Do not know
16a.	What was this person's relationship to you?	<input type="checkbox"/> 1 Parent (biological, adoptive, foster, or step) <input type="checkbox"/> 2 Grandparent <input type="checkbox"/> 3 Sibling <input type="checkbox"/> 4 Aunt or Uncle <input type="checkbox"/> 5 Other relative <input type="checkbox"/> 6 Legal guardian <input type="checkbox"/> 8 Other (SPECIFY): _____

Section 2 — Financial security*continued...*

17.	If there was a second person who raised you (e.g., your mother, father, grandmother, etc.), what was that person's highest level of education completed?	<input type="checkbox"/> 1 Never attended school or only attended kindergarten <input type="checkbox"/> 2 Grades 1 through 8 (elementary) <input type="checkbox"/> 3 Grades 9 through 11 (some high school) <input type="checkbox"/> 4 Grade 12 or GED (high school graduate) <input type="checkbox"/> 5 College 1 year to 3 years (some college) <input type="checkbox"/> 6 College 4 years or more (college graduate) <input type="checkbox"/> 8 No second person (SKIP TO QUESTION 18) <input type="checkbox"/> 9 Do not know
17a.	What was this person's relationship to you?	<input type="checkbox"/> 1 Parent (biological, adoptive, foster, or step) <input type="checkbox"/> 2 Grandparent <input type="checkbox"/> 3 Sibling <input type="checkbox"/> 4 Aunt or Uncle <input type="checkbox"/> 5 Other relative <input type="checkbox"/> 6 Legal guardian <input type="checkbox"/> 8 Other (SPECIFY): _____

Section 3 — Social connections, activities, and environment

Following are some statements that may or may not describe you as a person. For each statement, please rate how well you think the statement describes you.

18.	I experience a general sense of emptiness	<input type="checkbox"/> 1 Strongly disagree <input type="checkbox"/> 2 Disagree <input type="checkbox"/> 3 Neither disagree or agree <input type="checkbox"/> 4 Agree <input type="checkbox"/> 5 Strongly agree <input type="checkbox"/> 8 Prefer not to answer
19.	I miss having people around	<input type="checkbox"/> 1 Strongly disagree <input type="checkbox"/> 2 Disagree <input type="checkbox"/> 3 Neither disagree or agree <input type="checkbox"/> 4 Agree <input type="checkbox"/> 5 Strongly agree <input type="checkbox"/> 8 Prefer not to answer
20.	I feel like I don't have enough friends	<input type="checkbox"/> 1 Strongly disagree <input type="checkbox"/> 2 Disagree <input type="checkbox"/> 3 Neither disagree or agree <input type="checkbox"/> 4 Agree <input type="checkbox"/> 5 Strongly agree <input type="checkbox"/> 8 Prefer not to answer
21.	I often feel abandoned	<input type="checkbox"/> 1 Strongly disagree <input type="checkbox"/> 2 Disagree <input type="checkbox"/> 3 Neither disagree or agree <input type="checkbox"/> 4 Agree <input type="checkbox"/> 5 Strongly agree <input type="checkbox"/> 8 Prefer not to answer
22.	I miss having a really close friend	<input type="checkbox"/> 1 Strongly disagree <input type="checkbox"/> 2 Disagree <input type="checkbox"/> 3 Neither disagree or agree <input type="checkbox"/> 4 Agree <input type="checkbox"/> 5 Strongly agree <input type="checkbox"/> 8 Prefer not to answer

Section 3 — Social connections, activities, and environment*continued...**The next four questions are about how you spend your time.*

23.	If your parents are still alive, how often do you have contact with them (including mother, father, mother-in-law, and father-in-law) either in person, by phone, mail, or email (e.g., any online interaction)?	<input type="checkbox"/> 0 Parents not living <input type="checkbox"/> 1 Once a year or less <input type="checkbox"/> 2 Several times a year <input type="checkbox"/> 3 Several times a month <input type="checkbox"/> 4 Several times a week <input type="checkbox"/> 5 Everyday or almost everyday <input type="checkbox"/> 8 Prefer not to answer
24.	If you have children, how often do you have contact with your children (including child[ren]-in-law and stepchild[ren]) either in person, by phone, mail, or email (e.g., any online interaction)?	<input type="checkbox"/> 0 Do not have children <input type="checkbox"/> 1 Once a year or less <input type="checkbox"/> 2 Several times a year <input type="checkbox"/> 3 Several times a month <input type="checkbox"/> 4 Several times a week <input type="checkbox"/> 5 Everyday or almost everyday <input type="checkbox"/> 8 Prefer not to answer
25.	How often do you have contact with close friends either in person, by phone, mail, or email (e.g., any online interaction)?	<input type="checkbox"/> 0 Do not have close friends <input type="checkbox"/> 1 Once a year or less <input type="checkbox"/> 2 Several times a year <input type="checkbox"/> 3 Several times a month <input type="checkbox"/> 4 Several times a week <input type="checkbox"/> 5 Everyday or almost everyday <input type="checkbox"/> 8 Prefer not to answer
26.	How often do you participate in activities outside the home (e.g., religious activities, educational activities, volunteer work, paid work, or activities with groups or organizations)?	<input type="checkbox"/> 0 Do not participate in activities outside the home <input type="checkbox"/> 1 Once a year or less <input type="checkbox"/> 2 Several times a year <input type="checkbox"/> 3 Several times a month <input type="checkbox"/> 4 Several times a week <input type="checkbox"/> 5 Everyday or almost everyday <input type="checkbox"/> 8 Prefer not to answer

This next set of questions is about how safe you feel in different contexts.

27.	How safe do you feel in your home and community (or neighborhood)?	
27a.	Home	<input type="checkbox"/> 1 Very safe <input type="checkbox"/> 2 Mostly safe <input type="checkbox"/> 3 Unsafe at times <input type="checkbox"/> 4 Very unsafe <input type="checkbox"/> 8 Prefer not to answer
27b.	Community (or neighborhood)	<input type="checkbox"/> 1 Very safe <input type="checkbox"/> 2 Mostly safe <input type="checkbox"/> 3 Unsafe at times <input type="checkbox"/> 4 Very unsafe <input type="checkbox"/> 8 Prefer not to answer

Section 4 — Experiences with the healthcare system

The next 5 questions ask about your experiences with the healthcare system. Please answer the questions in reference to your regular medical doctors (not your research study doctors).

28.	In the past year, how often did you delay seeking medical attention for a problem that was bothering you?	<input type="checkbox"/> 1 All of the time <input type="checkbox"/> 2 Most of the time <input type="checkbox"/> 3 Sometimes <input type="checkbox"/> 4 None or almost none of the time <input type="checkbox"/> 5 Not applicable <input type="checkbox"/> 8 Prefer not to answer
29.	In the past year, how often did you experience challenges in filling a prescription?	<input type="checkbox"/> 1 All of the time <input type="checkbox"/> 2 Most of the time <input type="checkbox"/> 3 Sometimes <input type="checkbox"/> 4 None or almost none of the time <input type="checkbox"/> 5 Not applicable <input type="checkbox"/> 8 Prefer not to answer
30.	In the past year, how often did you miss a follow-up medical appointment that was scheduled?	<input type="checkbox"/> 1 All of the time <input type="checkbox"/> 2 Most of the time <input type="checkbox"/> 3 Sometimes <input type="checkbox"/> 4 None or almost none of the time <input type="checkbox"/> 5 Not applicable <input type="checkbox"/> 8 Prefer not to answer
31.	In the past year, how often did you follow a doctor's advice or treatment plan when it was given?	<input type="checkbox"/> 1 All of the time <input type="checkbox"/> 2 Most of the time <input type="checkbox"/> 3 Sometimes <input type="checkbox"/> 4 None or almost none of the time <input type="checkbox"/> 5 Not applicable <input type="checkbox"/> 8 Prefer not to answer
32.	Overall, which of these describes your health insurance, access to healthcare services, and access to medications?	<input type="checkbox"/> 1 Not available to any extent <input type="checkbox"/> 2 Below the level of my needs <input type="checkbox"/> 3 Able to meet my needs <input type="checkbox"/> 4 Exceeds my needs <input type="checkbox"/> 8 Prefer not to answer

Section 5 — Experiences of Discrimination

Research has shown that experiences of unfair treatment can negatively affect health. We are interested in whether you have experienced any unfair treatment in your daily life.

33.	In your day-to-day life how often are you treated with less courtesy or respect than other people?	<input type="checkbox"/> 1 Almost every day <input type="checkbox"/> 2 At least once a week <input type="checkbox"/> 3 A few times a month <input type="checkbox"/> 4 A few times a year <input type="checkbox"/> 5 Less than once a year <input type="checkbox"/> 6 Never <input type="checkbox"/> 8 Prefer not to answer
34.	In your day-to-day life how often do you receive poorer service than other people at restaurants or stores?	<input type="checkbox"/> 1 Almost every day <input type="checkbox"/> 2 At least once a week <input type="checkbox"/> 3 A few times a month <input type="checkbox"/> 4 A few times a year <input type="checkbox"/> 5 Less than once a year <input type="checkbox"/> 6 Never <input type="checkbox"/> 8 Prefer not to answer

Section 5 — Experiences of Discrimination*continued...*

35.	In your day-to-day life how often do people act as if they think you are not smart?	<input type="checkbox"/> 1 Almost every day <input type="checkbox"/> 2 At least once a week <input type="checkbox"/> 3 A few times a month <input type="checkbox"/> 4 A few times a year <input type="checkbox"/> 5 Less than once a year <input type="checkbox"/> 6 Never <input type="checkbox"/> 8 Prefer not to answer
36.	In your day-to-day life how often do people act as if they are afraid of you?	<input type="checkbox"/> 1 Almost every day <input type="checkbox"/> 2 At least once a week <input type="checkbox"/> 3 A few times a month <input type="checkbox"/> 4 A few times a year <input type="checkbox"/> 5 Less than once a year <input type="checkbox"/> 6 Never <input type="checkbox"/> 8 Prefer not to answer
37.	In your day-to-day life how often are you threatened or harassed?	<input type="checkbox"/> 1 Almost every day <input type="checkbox"/> 2 At least once a week <input type="checkbox"/> 3 A few times a month <input type="checkbox"/> 4 A few times a year <input type="checkbox"/> 5 Less than once a year <input type="checkbox"/> 6 Never <input type="checkbox"/> 8 Prefer not to answer
38.	How frequently do you receive poorer service or treatment from doctors or in hospitals compared to other people?	<input type="checkbox"/> 1 All of the time <input type="checkbox"/> 2 Most of the time <input type="checkbox"/> 3 Sometimes <input type="checkbox"/> 4 None or almost none of the time <input type="checkbox"/> 5 Not applicable <input type="checkbox"/> 8 Prefer not to answer
39.	When reflecting on the day-to-day experiences in questions 33 to 38, what do you think is the main reason for these experiences? (Check all that apply)	39a1. <input type="checkbox"/> 1 My ancestry or national origins 39a2. <input type="checkbox"/> 1 My gender 39a3. <input type="checkbox"/> 1 My race 39a4. <input type="checkbox"/> 1 My age 39a5. <input type="checkbox"/> 1 My religion 39a6. <input type="checkbox"/> 1 My height 39a7. <input type="checkbox"/> 1 My weight 39a8. <input type="checkbox"/> 1 Some other aspect of my physical appearance 39a9. <input type="checkbox"/> 1 My sexual orientation 39a10. <input type="checkbox"/> 1 My education or income level 39a11. <input type="checkbox"/> 1 A physical disability 39a12. <input type="checkbox"/> 1 My shade of skin color 39a13. <input type="checkbox"/> 1 Other 39a14. <input type="checkbox"/> 1 Not applicable - I do not have these experiences in my day-to-day life (END FORM HERE) 39a15. <input type="checkbox"/> 1 Prefer not to answer
40.	When you have had day-to-day experiences like those in questions 33 to 38, would you say they have been very stressful, moderately stressful, or not stressful?	<input type="checkbox"/> 1 Very stressful <input type="checkbox"/> 2 Moderately stressful <input type="checkbox"/> 3 Not stressful <input type="checkbox"/> 9 Don't know <input type="checkbox"/> 8 Prefer not to answer