

## Form A1a: Social Determinants of Health

ADRC name: \_\_\_\_\_ Participant ID: \_\_\_\_\_ Form date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Visit #: \_\_\_\_\_ Examiner's initials: \_\_\_\_\_

**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
2.	Do you have consistent access to transportation? <input type="checkbox"/> 1 Often <input type="checkbox"/> 2 Sometimes <input type="checkbox"/> 3 Never
3.	In the past 30 days, how often were you <b>not</b> 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
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
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

### Section 2 — Financial security

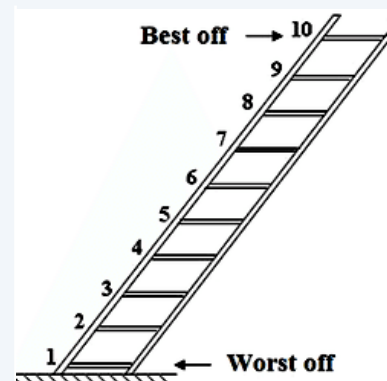
6.	How satisfied are you with your current personal financial condition? <input type="checkbox"/> 1 Completely satisfied <input type="checkbox"/> 2 Satisfied <input type="checkbox"/> 3 Somewhat satisfied <input type="checkbox"/> 4 Not very satisfied <input type="checkbox"/> 5 Not at all satisfied
7.	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
8.	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
9.	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
10.	<u>In the last 12 months</u> , 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
11.	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
12.	<u>In the last 12 months</u> , 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

**Section 2 — Financial security***continued...*

- 13.** 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.

- 13a.** 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.

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐  
 10 9 8 7 6 5 4 3 2 1



- 13b.** Where would you place yourself on this ladder compared to others in the U.S.?

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐  
 10 9 8 7 6 5 4 3 2 1

- 13c.** Thinking of your childhood, where would your family have been placed on this ladder compared to others in your community (or neighborhood)?

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐  
 10 9 8 7 6 5 4 3 2 1

- 14.** 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"/> 5 College 1 year to 3 years (some college)   |
| <input type="checkbox"/> 2 Grades 1 through 8 (elementary)                     | <input type="checkbox"/> 6 College 4 years or more (college graduate) |
| <input type="checkbox"/> 3 Grades 9 through 11 (some high school)              | <input type="checkbox"/> 9 Do not know                                |
| <input type="checkbox"/> 4 Grade 12 or GED (high school graduate)              |   |

- 14a.** What was this person's relationship to you? \_\_\_\_\_

- 15.** 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"/> 5 College 1 year to 3 years (some college)        |
| <input type="checkbox"/> 2 Grades 1 through 8 (elementary)                     | <input type="checkbox"/> 6 College 4 years or more (college graduate)      |
| <input type="checkbox"/> 3 Grades 9 through 11 (some high school)              | <input type="checkbox"/> 8 No second person ( <b>SKIP TO QUESTION 16</b> ) |
| <input type="checkbox"/> 4 Grade 12 or GED (high school graduate)              | <input type="checkbox"/> 9 Do not know                                     |

- 15a.** What was this second person's relationship to you (if applicable)? \_\_\_\_\_

### Section 3 — Social connections and activities

*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.*

16.	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
17.	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
18.	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
19.	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
20.	I miss having a really good 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

*These next set of questions are about how you spend your time.*

21.	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"/> 3 Several times a month				
	<input type="checkbox"/> 1 Once a year or less	<input type="checkbox"/> 4 Several times a week				
	<input type="checkbox"/> 2 Several times a year	<input type="checkbox"/> 5 Everyday or almost everyday				
22.	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"/> 3 Several times a month				
	<input type="checkbox"/> 1 Once a year or less	<input type="checkbox"/> 4 Several times a week				
	<input type="checkbox"/> 2 Several times a year	<input type="checkbox"/> 5 Everyday or almost everyday				
23.	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"/> 3 Several times a month				
	<input type="checkbox"/> 1 Once a year or less	<input type="checkbox"/> 4 Several times a week				
	<input type="checkbox"/> 2 Several times a year	<input type="checkbox"/> 5 Everyday or almost everyday				
24.	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"/> 3 Several times a month				
	<input type="checkbox"/> 1 Once a year or less	<input type="checkbox"/> 4 Several times a week				
	<input type="checkbox"/> 2 Several times a year	<input type="checkbox"/> 5 Everyday or almost everyday				

**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).*

25.	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"/> 8 Not applicable
26.	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"/> 8 Not applicable
27.	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"/> 8 Not applicable
28.	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"/> 8 Not applicable
29.	How frequently did 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"/> 8 Not applicable