

Social Determinants of Health Questionnaire

| Name: | Birthdate: | County: | Date: | |
|--|---|---------------------------------|-----------|--------|
| | can negatively affect a person's health a't reaching everyone who may need th | <u>C</u> | | |
| Food | | | | |
| 1. Within the past year | , did you worry that your food would run | out before you got money to | buy more? | Yes No |
| 2. Within the past year, did the food you bought just not last, and you didn't have money to get more? | | | | Yes No |
| Housing & Utilities | 1 | | | |
| 3. Do you have housin | ng? | | | Yes No |
| 4. Are you worried abo | out losing your housing? | | | Yes No |
| 5. Within the past year | , have you or the family members you liv | e with been unable to get uti | lities | |
| (heat, electricity) when | n it was really needed? | | | Yes No |
| Transportation | | | | |
| • | r, has lack of transportation kept you from ical meetings or appointments, work or fr | | • • | Yes No |
| 7. Do you have trouble | e finding or paying for transportation? | | | Yes No |
| Interpersonal Safet | y | | | |
| 8. Do you feel physica | ally and emotionally safe where you curren | ntly live? | | Yes No |
| 9. Within the past year | r, have you been hit, slapped, kicked, or ot | herwise physically hurt by s | someone? | Yes No |
| 10. Within the past year partner? | ar, have you been humiliated or emotional | ly abused in other ways by y | | Yes No |
| | | | | |
| Employment & Inc | ome | | | |
| 11. Do you have a stea | ndy source of income? | | | Yes No |
| Clothing & Househ | old | | | |
| 12. Do you have enough | gh household supplies? For example, cloth aning products? | ning, bedding, hygiene produ | | Yes No |
| Childcare | 51 | | | |
| 13. Are you concerned appointments? | I that you won't have reliable childcare to | go to work, school, or impo | | Yes No |
| Education | | | , | |
| 14. Do you think more | e education or training, like getting a GED | , going to college, or learning | ng a | |

15. Are any of your needs urgent? For example, I don't have enough food for tonight, I don't have

a place to sleep tonight, I'm afraid I will get hurt if I go home today.

16. Would you like to receive assistance with any of these needs?

trade would be helpful for you?

Resource Support

Yes No

Yes No

Yes No