
Financial Resource Strain

How hard is it for you to pay for the very basics like food, housing, medical care, and heating?

Not hard at all Not very hard **Somewhat hard** Hard Very hard Patient refused

Food Insecurity

Patient refused all

Within the past 12 months, you worried that your food would run out before you got money to buy more.

Never true Sometimes true **Often true** Patient refused

Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

Never true Sometimes true **Often true** Patient refused

Transportation Needs ?

Patient refused all

In the past 12 months, has lack of transportation kept you from medical appointments or from getting medications?

Yes No Patient refused

In the past 12 months, has lack of transportation kept you from meetings, work, or getting things needed for daily living?

Yes No Patient refused

* Physical Activity

Patient refused all

On average, how many days per week do you engage in moderate to strenuous exercise (like walking fast, running, jogging, dancing, swimming, biking, or other activities that cause a light or heavy sweat)?

0 days 1 day 2 days **3 days** 4 days 5 days 6 days 7 days Patient refused

On average, how many minutes do you engage in exercise at this level?

0 min 10 min 20 min 30 min 40 min 50 min **60 min** 70 min 80 min 90 min 100 min 110 min 120 min 130 min 140 min 150+ min Patient refused

Stress

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 Patient refused

Social Connections

Patient refused all

In a typical week, how many times do you talk on the phone with family, friends, or neighbors?

Never Once a week **Twice a week** Three times a week More than three times a week Patient refused

How often do you get together with friends or relatives?

Never Once a week Twice a week **Three times a week** More than three times a week Patient refused

How often do you attend church or religious services?

Never 1 to 4 times per year **More than 4 times per year** Patient refused

Do you belong to any clubs or organizations such as church groups, unions, fraternal or athletic groups, or school groups?

Yes No Patient refused

How often do you attend meetings of the clubs or organizations you belong to?

Never 1 to 4 times per year **More than 4 times per year** Patient refused

Are you now married, widowed, divorced, separated, never married or living with a partner?

Married Widowed Divorced **Separated** Never married Living with partner Patient refused

Intimate Partner Violence

Patient refused all

Within the last year, have you been afraid of your partner or ex-partner?

Yes No Patient refused

Within the last year, have you been humiliated or emotionally abused in other ways by your partner or ex-partner?

Yes No Patient refused

Within the last year, have you been kicked, hit, slapped, or otherwise physically hurt by your partner or ex-partner?

Yes No Patient refused

Within the last year, have you been raped or forced to have any kind of sexual activity by your partner or ex-partner?

Yes No Patient refused

Tobacco

Smoking Status:	<input type="text" value="Former Smoker"/>	Smokeless Tobacco:	<input type="text" value="Never Used"/>
Start Date:	<input type="text"/>	Types:	<input type="button" value="Snuff"/> <input type="button" value="Chew"/>
Quit Date:	<input type="text" value="1/1/2013"/>	Quit Date:	<input type="text"/>
Types:	<input checked="" type="button" value="Cigarettes"/> <input type="button" value="Pipe"/> <input type="button" value="Cigars"/> <input type="button" value="E Cig"/>		
Packs/Day:	<input type="text" value="1.00"/>		
Years:	<input type="text" value="20.00"/>		
Pack Years:	20		
Counseling Given:	<input type="button" value="Yes"/> <input type="button" value="No"/>		
Comments:	<input type="text"/>		

Alcohol

Alcohol Use:

How often do you have a drink containing alcohol?

How many drinks containing alcohol do you have on a typical day when you are drinking?

How often do you have six or more drinks on one occasion?

Drinks/Week: Glasses of wine

Cans of beer

Shots of liquor

Standard drinks or equivalent

Mixed drinks

Alcohol/Week: 6 oz

Comments:

Sample report of how answers to the above questions are displayed in graph format:

♥ Social Determinants of Health ↗

