

Social Determinants of Health

1. What is your housing situation today?
 - a. I have housing
 - b. I do not have housing
 - c. I choose not to answer
2. [if #1 is B] Where did you sleep last night?
 - a. Shelter
 - b. Transitional
 - c. Doubling up
 - d. Street
 - e. Unknown
3. Are you worried about losing your housing?
 - a. Yes
 - b. No
 - c. I choose not to answer
4. Has lack of transportation kept you from medical appointments, meetings, work or from getting things you need for daily living?
 - a. Yes, medical appointments
 - b. Yes, non-medical appointments
 - c. No
 - d. I choose not to answer
5. Do you feel physically and emotionally safe where you live?
 - a. Yes
 - b. No
 - c. I choose not to answer

To be asked quarterly:

1. How Stressed are you?
 - a. Not at all
 - b. A little bit
 - c. Somewhat
 - d. Quite a bit
 - e. Very much
 - f. I choose not to answer
2. How often do you see or talk to people that you care about and feel close to?
 - a. Less than once a week
 - b. 1-2 times a week
 - c. 3-5 times a week
 - d. More than 5 times a week
 - e. I choose not to answer
3. In the past year have you been afraid of a partner, ex-partner?
 - a. Yes
 - b. No
 - c. I choose not to answer