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