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Universal Social Determinants of Health (SDoH) Assessment – Core Questions

Domain	Question	Answers	Validated Source
Access & Affordability	In the past year, have you been unable to get childcare when it was really needed?	 Yes No I choose not to answer 	Adapted from Protocol for Responding to & Assessing Patients' Assets, Risks & Experiences (PRAPARE)
	In the past year, have you been unable to get clothing when it was really needed?	 Yes No I choose not to answer 	Adapted from PRAPARE
	In the past year, have you been unable to get medicine or any health care when it was really needed?	 Yes No I choose not to answer 	Adapted PRAPARE
	Do you have access to any of the following devices?	 Simple cell phone (flip phone) Smartphone (a cell phone with a touchscreen and internet) Computer (laptop, desktop, or tablet such as an iPad) Landline None 	VA Assessing Circumstances & Offering Resources for Needs (ACORN) Screening Tool
Employment	What is your current work situation?	 Unemployed Part-time or temporary work Full-time work Otherwise unemployed but not seeking work (ex: student, retired, disabled, unpaid primary care giver) I choose not to answer 	PRAPARE
Financial Resources Strain	Sometimes people find that their income does not quite cover their living costs. In the last 12 months, has this happened to you?	 Yes No Don't know Not applicable I choose not to answer 	Organization for Economic Co- operation and Development (OECD) Financial Literacy Questionnaire
Food Insecurity	Within the past 12 months we worried whether our food would run out before we got the money to buy more.	 Often true Sometimes true Never true I choose not to answer 	Children's Health Watch Hunger Vital Signs
	Within the past 12 months the food we bought just didn't last and we didn't have money to get more.	 Often true Sometimes true Never true I choose not to answer 	
Health Literacy	How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacist?	 Never Rarely Sometimes Often Always I choose not to answer 	Single-Item Literacy Screen (SILS)
	I know how to find helpful health resources on the Internet.	Strongly disagreeDisagreeUndecided	eHealth Literacy Scale

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Domain	Question	Answers	Validated Source
		AgreeStrongly agree	
Housing Stability	Are you worried about losing your housing?	 Yes No I choose not to answer this question 	PRAPARE
	In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?	 Yes No Already shut off I choose not to answer 	CMS Accountable Health Communities Screening Tool
Safety	Do you feel physically and emotionally safe where you currently live?	 Yes No Unsure I choose not to answer this question 	PRAPARE
Social Connections	How often do you feel isolated from others?	 Hardly ever Some of the time Often I choose not to answer 	UCLA Loneliness Screening
Transportation Needs	Has a lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Check all that apply.	 Yes, it has kept me from medical appointments or from getting my medications Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need No I choose not to answer 	PRAPARE

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Universal Social Determinants of Health (SDoH) Assessment – Supplemental Questions

Domain	Question	Answers	Validated Source
Alcohol & Drug Use	In the past year, have you used any drugs other than those prescribed by your doctor?	 Yes No I choose not to answer 	
	In the past year, have you had more than 7 drinks in one week?	 Yes No I choose not to answer 	
	Optional follow-up question: Males less than or equal to 65 years of age: In the past year, have you had more than 14 drinks in one week?	 Yes No I choose not to answer 	
Depression	 Over the last 2 weeks, how often have you been bothered by any of the following problems? – Little interest or pleasure in doing things – Feeling down, depressed, or hopeless 	 Not at all Several days More than half the days Nearly every day I choose not to answer 	Patient Health Questionnaire 2 (PHQ-2)
Physical Activity	How active are you?	 I am not active or exercising Light (examples: stretching or short walks, slow walking) Moderate (example: brisk walking) Heavy (examples: jogging or swimming) Very Heavy (examples: fast running or stair climbing) I choose not to answer 	
Stress	Over the last 2 weeks, how often have you been bothered by feeling nervous, anxious or on edge?	 Not at all Several days More than half the days Nearly every day I choose not to answer 	
	Over the last two weeks, how often have you been bothered by not being able to stop or control worrying?	 Not at all Several days More than half the days Nearly every day I choose not to answer 	
Tobacco	In the past month, have you smoked cigarettes, cigars, chewed tobacco, used an e-cigarette or vape pen?	 Yes No I choose not to answer 	
Veteran Status	Have you ever served in the military?	 Yes No I choose not to answer 	

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