Social Determinants of Health Form (SDOH)



PATIENT NAME: _____ DOB: _____ DATE: _____

MONEY & RESOURCES

What is your current housing situation?

- [ ] I have housing
- [ ] I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, or in a park)
- [ ] I choose not to answer this question

Are you worried about losing your housing?

- [ ] Yes
- [ ] No
- [ ] I choose not to answer this question

What is the highest level of school you have finished?

- [ ] Less than a high school degree
- [ ] High school diploma or GED
- [ ] More than high school
- [ ] I choose not to answer this question

What is your current work situation?

- [ ] Unemployed or seeking work
- [ ] 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 this question

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MONEY & RESOURCES

In the past year, have you or any family members you live with been able to get any of the following whe it was really needed? Check all that apply.

- ☐ Food
- ☐ Clothing
- ☐ Utilities
- ☐ Childcare
- ☐ Medicine or any health care (medical, dental, mental health or vision)
- ☐ Phone
- ☐ Other (please specify): _____
- ☐ I do not have problems meeting my needs
- ☐ I choose not to answer this question

Has lack of transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?

- ☐ 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 getting things needed for daily living
- ☐ No
- ☐ I choose not to answer this question

SOCIAL & EMOTIONAL HEALTH

How often do you see or talk to people that you care about and feel close to? (For example, talking to friends on the phone, visiting friends or family, going to church, or club meetings)

- ☐ Less than once a week
- ☐ 1 or 2 times a week
- ☐ 3 to 5 times a week
- ☐ More than 5 times a week
- ☐ I choose not to answer this question

How stressed are you? Stress is when someone feels tense, nervous, anxious, or can’t sleep at night because their mind is troubled.

- ☐ Not at all
- ☐ A little bit
- ☐ Somewhat
- ☐ Quite a bit
- ☐ Very much
- ☐ I choose not to answer this question

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ADDITIONAL QUESITONS

In the past year, have you spent more than 2 nights in a jail, prison, detention center, or juvenile correctional facility?

- [ ] Yes
- [ ] No
- [ ] I choose not to answer this question

Are you a refugee?

- [ ] Yes
- [ ] No
- [ ] I choose not to answer this question

What country are you from?

- [ ] United States
- [ ] Country other than the United States (please specify): _____
- [ ] I choose not to answer this question

Do you feel physically and emotionally safe where you currently live?

- [ ] Yes
- [ ] No
- [ ] Unsure
- [ ] I choose not to answer this question

In the past year, have you been afraid of your partner or ex-partner?

- [ ] Yes
- [ ] No
- [ ] Unsure
- [ ] I have not had a partner in the past year
- [ ] I choose not to answer this question