

Appendix B

Social Determinants of Health Survey at UHealth

1.	How long have you lived in the USA?					
<input type="checkbox"/>	< 1 Year	<input type="checkbox"/>	1-5 Years			
<input type="checkbox"/>	5-10 Years	<input type="checkbox"/>	11-20 Years			
<input type="checkbox"/>	>20 Years					
<input type="checkbox"/>	Born in the U.S.					
<input type="checkbox"/>	Do not live in the U.S.					
2.	What is the highest level of school you have completed?					
<input type="checkbox"/>	Elementary/Primary (1-5)	<input type="checkbox"/>	Middle School (6-8)			
<input type="checkbox"/>	High School (9-12)	<input type="checkbox"/>	College (13-16)			
<input type="checkbox"/>	Graduate (17-22)	<input type="checkbox"/>	Post-Graduate (23+)			
3.	What is the highest degree you earned?					
<input type="checkbox"/>	High school diploma	<input type="checkbox"/>	GED			
<input type="checkbox"/>	Vocational certificate (post high school or GED)	<input type="checkbox"/>	Associate degree (junior college)			
<input type="checkbox"/>	Bachelor's degree	<input type="checkbox"/>	Master's degree			
<input type="checkbox"/>	Doctorate	<input type="checkbox"/>	None			
		Not at all confident	A little confident	Somewhat confident	Quite confident	Extremely confident
4.	If you need to go to the doctor, clinic or hospital, how confident are you in filling out the medical forms by yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	How hard is it for you to pay for the very basics like food, housing, medical care, and heating? Would you say it is ...					
<input type="checkbox"/>	Very hard					
<input type="checkbox"/>	Somewhat hard					
<input type="checkbox"/>	Not hard at all					

6.	Stress means a situation in which a person feels tense, restless, nervous, or anxious, or is unable to sleep at night because his or her mind is troubled all the time. Do you feel this kind of stress these days?			
<input type="checkbox"/>	Not at all	<input type="checkbox"/>	A little bit	
<input type="checkbox"/>	Somewhat	<input type="checkbox"/>	Quite a bit	
<input type="checkbox"/>	Very much			

7.	Are you physically active?			
<input type="checkbox"/>	Yes			
<input type="checkbox"/>	No			

8.	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)?				
<input type="checkbox"/>	None	<input type="checkbox"/>	1 time/week	<input type="checkbox"/>	2 times/week
<input type="checkbox"/>	3 times/week	<input type="checkbox"/>	4 times/week	<input type="checkbox"/>	5 times/week
<input type="checkbox"/>	6 times/week	<input type="checkbox"/>	7 times/week		

9.	On average, how many minutes do you engage in exercise at this level?						
<input type="checkbox"/>	0 minutes	<input type="checkbox"/>	10 minutes	<input type="checkbox"/>	20 minutes	<input type="checkbox"/>	30 minutes
<input type="checkbox"/>	40 minutes	<input type="checkbox"/>	50 minutes	<input type="checkbox"/>	60 minutes	<input type="checkbox"/>	90 minutes
<input type="checkbox"/>	120 minutes	<input type="checkbox"/>	150 minutes or more				

10.	What are your current living arrangements?			
<input type="checkbox"/>	Alone in house/apartment	<input type="checkbox"/>	Spouse or domestic partner	
<input type="checkbox"/>	With other family members	<input type="checkbox"/>	With friends	
<input type="checkbox"/>	Nursing home	<input type="checkbox"/>	Assisted living	
<input type="checkbox"/>	Homeless			

11.	In a typical week, how many times do you talk on the telephone with family, friends, or neighbors?				
<input type="checkbox"/>	Never/No telephone	<input type="checkbox"/>	Less than once a week	<input type="checkbox"/>	Once a week
<input type="checkbox"/>	2 times a week	<input type="checkbox"/>	3 or more times a week		

12.	How often do you get together with friends or relatives?				
<input type="checkbox"/>	Never	<input type="checkbox"/>	Less than once a week	<input type="checkbox"/>	Once a week
<input type="checkbox"/>	2 times a week	<input type="checkbox"/>	3 or more times a week		

13.	How often do you attend church or religious services?				
<input type="checkbox"/>	Never/Does not belong	<input type="checkbox"/>	Once a year	<input type="checkbox"/>	2 times a year
<input type="checkbox"/>	3 times a year	<input type="checkbox"/>	4 or more times a year	<input type="checkbox"/>	Refuse to answer

14.	How often do you attend meetings of the clubs or organizations you belong to?				
<input type="checkbox"/>	Never/Does not belong	<input type="checkbox"/>	Once a year	<input type="checkbox"/>	2 times a year
<input type="checkbox"/>	3 times a year	<input type="checkbox"/>	4 or more times a year		

15.	Have you delayed getting needed medical care for any of the following reasons in the past 12 months? Select the most frequent reason (you can select more than one reason).			
<input type="checkbox"/>	You couldn't get through the telephone			
<input type="checkbox"/>	You couldn't get an appointment soon enough			
<input type="checkbox"/>	Once you get there, you had to wait too long to see the doctor			
<input type="checkbox"/>	The clinic wasn't open when you could get there			
<input type="checkbox"/>	You didn't have transportation			
<input type="checkbox"/>	No, I did not delay getting medical care/did not need medical care			