

MEDICARE AWV SOCIAL DETERMINANTS OF HEALTH QUESTIONNAIRE

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Patient Name: _____
 MRN: _____ DOB: _____
 Treatment Location: _____

- | | | | |
|--|--|--|---|
| <p>1. On average, how many days per week do you engage in moderate to strenuous exercise (like a brisk walk)?</p> | <input type="checkbox"/> 0 days
<input type="checkbox"/> 1 day
<input type="checkbox"/> 2 days | <input type="checkbox"/> 3 days
<input type="checkbox"/> 4 days
<input type="checkbox"/> 5 days | <input type="checkbox"/> 6 days
<input type="checkbox"/> 7 days
<input type="checkbox"/> Decline |
| <p>2. On average, how many minutes do you engage in exercise at this level? Check the number of minutes.</p> | <input type="checkbox"/> 0
<input type="checkbox"/> 10
<input type="checkbox"/> 20
<input type="checkbox"/> 30
<input type="checkbox"/> 40 | <input type="checkbox"/> 50
<input type="checkbox"/> 60
<input type="checkbox"/> 70
<input type="checkbox"/> 80 | <input type="checkbox"/> 90
<input type="checkbox"/> 100
<input type="checkbox"/> 110
<input type="checkbox"/> 120
<input type="checkbox"/> Decline |
| <p>3. How hard is it for you to pay for the very basics, like food, housing, medical care, and heating?</p> | <input type="checkbox"/> Not hard at all
<input type="checkbox"/> Not very hard | <input type="checkbox"/> Somewhat hard
<input type="checkbox"/> Hard | <input type="checkbox"/> Very hard
<input type="checkbox"/> Decline |
| <p>4. In the last 12 months, was there a time when you were not able to pay the mortgage or rent on time?</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Decline |
| <p>5. In the last 12 months, how many places have you lived?</p> | _____ | | |
| <p>6. In the last 12 months, was there a time when you did not have a steady place to sleep or slept in a shelter (including now)?</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Decline |
| <p>7. In the past 12 months, has lack of transportation kept you from medical appointments or from getting medications?</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Decline |
| <p>8. Within the past 12 months, has lack of transportation kept you from meetings, work, or from getting things needed for daily living?</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Decline |
| <p>9. In the past 12 months, you worried that your food would run out before you got the money to buy more.</p> | <input type="checkbox"/> Never true
<input type="checkbox"/> Sometimes true | <input type="checkbox"/> Often true | <input type="checkbox"/> Decline |
| <p>10. Within the past 12 months, the food you bought just didn't last and you didn't have the money to get more.</p> | <input type="checkbox"/> Never true
<input type="checkbox"/> Sometimes true | <input type="checkbox"/> Often true | <input type="checkbox"/> Decline |
| <p>11. Do you feel stressed – tense, restless, nervous, or anxious, or unable to sleep at night because your mind is troubled all the time – these days?</p> | <input type="checkbox"/> Not at all
<input type="checkbox"/> Only a little | <input type="checkbox"/> To some extent
<input type="checkbox"/> Rather much | <input type="checkbox"/> Very much
<input type="checkbox"/> Decline |
| <p>12. In a typical week, how many times do you talk on the phone with family, friends, or neighbors?</p> | <input type="checkbox"/> Never
<input type="checkbox"/> Once a week
<input type="checkbox"/> Twice a week | <input type="checkbox"/> Three times a week
<input type="checkbox"/> More than three times a week | <input type="checkbox"/> Decline |
| <p>13. How often do you get together with friends or relatives?</p> | <input type="checkbox"/> Never
<input type="checkbox"/> Once a week
<input type="checkbox"/> Twice a week | <input type="checkbox"/> Three times a week
<input type="checkbox"/> More than three times a week | <input type="checkbox"/> Decline |

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| 14. How often do you attend church or religious services? | <input type="checkbox"/> Never
<input type="checkbox"/> 1 to 4 times per year | <input type="checkbox"/> More than 4 times per year | <input type="checkbox"/> Decline |
| 15. How often do you attend meetings of the clubs or organizations you belong to? | <input type="checkbox"/> Never
<input type="checkbox"/> 1 to 4 times per year | <input type="checkbox"/> More than 4 times per year | <input type="checkbox"/> Decline |
| 16. Are you married, widowed, divorced, separated, never married, or living with a partner? | <input type="checkbox"/> Married
<input type="checkbox"/> Widowed
<input type="checkbox"/> Divorced | <input type="checkbox"/> Separated
<input type="checkbox"/> Never married | <input type="checkbox"/> Living with a partner
<input type="checkbox"/> Decline |
| 17. Within the last year, have you been afraid of your partner or ex-partner? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Decline |
| 18. With the last year, have you been humiliated or emotionally abused in other ways by your partner or ex-partner? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Decline |
| 19. Within the last year, have you been kicked, hit, slapped, or otherwise physically hurt by your partner or ex-partner? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Decline |
| 20. Within the last year, have you been raped or forced to have any kind of sexual activity by your partner or ex-partner? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Decline |
| 21. How often do you have a drink containing alcohol | <input type="checkbox"/> Never
<input type="checkbox"/> Monthly or less
<input type="checkbox"/> 2-4 times a month | <input type="checkbox"/> 2-3 times a week
<input type="checkbox"/> 4 or more times a week
<input type="checkbox"/> Decline | |
| 22. How many drinks containing alcohol do you have on a typical day when you are drinking? | <input type="checkbox"/> 1 or 2
<input type="checkbox"/> 3 or 4 | <input type="checkbox"/> 5 or 6
<input type="checkbox"/> 7 to 9 | <input type="checkbox"/> 10 or more
<input type="checkbox"/> Decline |
| 23. How often do you have six or more drinks on one occasion? | <input type="checkbox"/> Never
<input type="checkbox"/> Less than monthly | <input type="checkbox"/> Monthly
<input type="checkbox"/> Weekly | <input type="checkbox"/> Daily or almost daily
<input type="checkbox"/> Decline |
| 24. We have care team members with special knowledge of assistance programs and community resources. Help is free and confidential. What kind of help would you like? (select all that apply) | | <input type="checkbox"/> I would like help
<input type="checkbox"/> I would like information about help
<input type="checkbox"/> I already have help
<input type="checkbox"/> I do not need help | |

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