

Form A1a: Social Determinants of Health

ADRC: _____	PTID: _____	Form date: ____/____/____	Visit #: _____	Examiner's initials: _____
Language: <input type="checkbox"/> 1 English <input type="checkbox"/> 2 Spanish	Mode: <input type="checkbox"/> 1 In-person <input type="checkbox"/> 2 Remote (reason): ____ <input type="checkbox"/> 1 Telephone <input type="checkbox"/> 2 Video <input type="checkbox"/> 3 Mail <input type="checkbox"/> 4 Electronic (e.g., email) <input type="checkbox"/> 0 Not completed (reason): ____	Key (remote reason): 1=Too cognitively impaired 2=Too physically impaired 3=Homebound/nursing home 4=Refused in-person visit 5=Other	Key (not completed reason): 88=Optional 93=Concerns about reliability	
Administration: <input type="checkbox"/> 1 Self-administered <input type="checkbox"/> 2 Staff-administered				

INSTRUCTIONS: The following questions are designed to gather information on your current and past life experience that we think may be important for brain health. There are no right or wrong answers, and you do not have to answer any question that makes you feel uncomfortable. If the question does not apply to your experience, feel free to check **Prefer not to answer**. You should fill out this form on your own, without help from your co-participant or study partner.

Section 1 — Transportation

In this section we are trying to understand the extent to which lack of reliable and consistent transportation is a barrier to accomplishing important activities, such as going to the doctor for appointments, going grocery shopping, or picking up medications (these are only examples).

1.	Do you or someone in your household currently own a car?	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 8 Prefer not to answer
2.	Do you have consistent access to transportation?	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 8 Prefer not to answer

To get to the places they need to go, people might walk, bike, take a bus, train or taxi, drive a car, or get a ride. The next three questions are trying to assess whether or not you have had recent issues with transportation.


3.	In the past 30 days, how often were you not able to leave the house when you wanted to because of a problem with transportation?	<input type="checkbox"/> 1 Often <input type="checkbox"/> 2 Sometimes <input type="checkbox"/> 3 Never <input type="checkbox"/> 8 Prefer not to answer
4.	In the past 30 days, how often did you worry about whether or not you would be able to get somewhere because of a problem with transportation?	<input type="checkbox"/> 1 Often <input type="checkbox"/> 2 Sometimes <input type="checkbox"/> 3 Never <input type="checkbox"/> 8 Prefer not to answer
5.	In the past 30 days, how often has a lack of transportation kept you from medical appointments or from doing things needed for daily living?	<input type="checkbox"/> 1 Often <input type="checkbox"/> 2 Sometimes <input type="checkbox"/> 3 Never <input type="checkbox"/> 8 Prefer not to answer

Section 2 — Financial security

These next set of questions are designed to assess your current and past financial situation. If you do not feel comfortable with any question in this section, you can respond **Prefer not to answer**.

6.	Which of these income groups represents your household income <u>for the past year</u> ? Include income from all sources such as wages, salaries, social security or retirement benefits, help from relatives, rent from property, and so forth. <i>This information will be kept confidential and will not be shared in a way that identifies you with any other person, organization or government entity.</i>	<input type="checkbox"/> 1 \$0 - \$14,999 <input type="checkbox"/> 2 \$15,000 – \$29,999 <input type="checkbox"/> 3 \$30,000 – \$74,999 <input type="checkbox"/> 4 \$75,000 and over <input type="checkbox"/> 8 Prefer not to answer <input type="checkbox"/> 9 Don't know
7.	How satisfied are you with your current personal financial condition?	<input type="checkbox"/> 1 Completely satisfied <input type="checkbox"/> 2 Satisfied <input type="checkbox"/> 3 Somewhat satisfied <input type="checkbox"/> 4 Not very satisfied <input type="checkbox"/> 5 Not at all satisfied <input type="checkbox"/> 8 Prefer not to answer

Section 2 — Financial security*continued...*

8.	How difficult is it for you to meet monthly payments on your bills?	<input type="checkbox"/> 1 Not at all <input type="checkbox"/> 2 Slightly <input type="checkbox"/> 3 Moderately <input type="checkbox"/> 4 Very <input type="checkbox"/> 5 Extremely <input type="checkbox"/> 8 Prefer not to answer
9.	If you have had financial problems that lasted twelve months or longer, how upsetting has it been to you?	<input type="checkbox"/> 1 No financial problems for twelve months or longer <input type="checkbox"/> 2 Yes, financial problems for twelve months or longer, but not upsetting to me <input type="checkbox"/> 3 Yes, financial problems for twelve months or longer, and somewhat upsetting to me <input type="checkbox"/> 4 Yes, financial problems for twelve months or longer, and very upsetting to me <input type="checkbox"/> 8 Prefer not to answer
10.	At any time, did you ever eat less than you felt you should because there wasn't enough money to buy food?	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 8 Prefer not to answer
11.	<u>In the last 12 months</u> , did you ever eat less than you felt you should because there wasn't enough money to buy food?	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 8 Prefer not to answer
12.	At any time, have you ended up taking less medication than was prescribed for you because of the cost?	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 8 Prefer not to answer
13.	<u>In the last 12 months</u> , have you ended up taking less medication than was prescribed for you because of the cost?	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 8 Prefer not to answer
14.	<p>This is a picture of a ladder with 10 steps. Each step represents a level of status as far as money, education, and jobs. The highest step is step 10. This represents people with the most money, the most education, and the best jobs. Step 1 is the lowest step. This step represents people with the least money, least education, and the worst jobs or no job. Steps in between (2 through 9) represent those people who fall somewhere between those who are best off and those who are worst off.</p> <p>Where would you place yourself on this ladder compared to others in your community (or neighborhood)? The closer you are to step 10 the better off you think you are. Please mark the number where you would place yourself.</p> <p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 88 Prefer not to answer </p> <p>10 9 8 7 6 5 4 3 2 1</p>	
15.	What was your mother's (or primary person who raised you up until age 18) highest level of education completed at the time they were raising you?	<input type="checkbox"/> 1 Never attended school or only attended kindergarten <input type="checkbox"/> 2 Grades 1 through 8 (elementary) <input type="checkbox"/> 3 Grades 9 through 11 (some high school) <input type="checkbox"/> 4 Grade 12 or GED (high school graduate) <input type="checkbox"/> 5 College 1 year to 3 years (some college) <input type="checkbox"/> 6 College 4 years or more (college graduate) <input type="checkbox"/> 8 Prefer not to answer/Not applicable <input type="checkbox"/> 9 Do not know

Section 3 — Social connections, activities, and environment

These next set of questions are designed to learn what you think about your social connections, the types of activities you spend your time on, and how you view your home and neighborhood.

Following are some statements to learn how you describe yourself in general. For each statement, select the number that most closely represents your opinion.

16.	I experience a general sense of emptiness	<input type="checkbox"/> 1 Strongly disagree <input type="checkbox"/> 2 Disagree <input type="checkbox"/> 3 Neither disagree or agree <input type="checkbox"/> 4 Agree <input type="checkbox"/> 5 Strongly agree <input type="checkbox"/> 8 Prefer not to answer
17.	I miss having people around	<input type="checkbox"/> 1 Strongly disagree <input type="checkbox"/> 2 Disagree <input type="checkbox"/> 3 Neither disagree or agree <input type="checkbox"/> 4 Agree <input type="checkbox"/> 5 Strongly agree <input type="checkbox"/> 8 Prefer not to answer
18.	I feel like I don't have enough friends	<input type="checkbox"/> 1 Strongly disagree <input type="checkbox"/> 2 Disagree <input type="checkbox"/> 3 Neither disagree or agree <input type="checkbox"/> 4 Agree <input type="checkbox"/> 5 Strongly agree <input type="checkbox"/> 8 Prefer not to answer
19.	I often feel abandoned	<input type="checkbox"/> 1 Strongly disagree <input type="checkbox"/> 2 Disagree <input type="checkbox"/> 3 Neither disagree or agree <input type="checkbox"/> 4 Agree <input type="checkbox"/> 5 Strongly agree <input type="checkbox"/> 8 Prefer not to answer
20.	I miss having a really close friend	<input type="checkbox"/> 1 Strongly disagree <input type="checkbox"/> 2 Disagree <input type="checkbox"/> 3 Neither disagree or agree <input type="checkbox"/> 4 Agree <input type="checkbox"/> 5 Strongly agree <input type="checkbox"/> 8 Prefer not to answer

The next four questions are about how you spend your time.

21.	If your parents are still alive, how often do you have contact with them (including mother, father, mother-in-law, and father-in-law) either in person, by phone, mail, or email (e.g., any online interaction)?	<input type="checkbox"/> 0 Parents not living <input type="checkbox"/> 1 Once a year or less <input type="checkbox"/> 2 Several times a year <input type="checkbox"/> 3 Several times a month <input type="checkbox"/> 4 Several times a week <input type="checkbox"/> 5 Everyday or almost everyday <input type="checkbox"/> 8 Prefer not to answer
22.	If you have children, how often do you have contact with your children (including child[ren]-in-law and stepchild[ren]) either in person, by phone, mail, or email (e.g., any online interaction)?	<input type="checkbox"/> 0 Do not have children <input type="checkbox"/> 1 Once a year or less <input type="checkbox"/> 2 Several times a year <input type="checkbox"/> 3 Several times a month <input type="checkbox"/> 4 Several times a week <input type="checkbox"/> 5 Everyday or almost everyday <input type="checkbox"/> 8 Prefer not to answer

Section 3 — Social connections, activities, and environment*continued...*

23.	How often do you have contact with close friends either in person, by phone, mail, or email (e.g., any online interaction)?	<input type="checkbox"/> 0 Do not have close friends <input type="checkbox"/> 1 Once a year or less <input type="checkbox"/> 2 Several times a year <input type="checkbox"/> 3 Several times a month <input type="checkbox"/> 4 Several times a week <input type="checkbox"/> 5 Everyday or almost everyday <input type="checkbox"/> 8 Prefer not to answer
24.	How often do you participate in activities outside the home (e.g., religious activities, educational activities, volunteer work, paid work, or activities with groups or organizations)?	<input type="checkbox"/> 0 Do not participate in activities outside the home <input type="checkbox"/> 1 Once a year or less <input type="checkbox"/> 2 Several times a year <input type="checkbox"/> 3 Several times a month <input type="checkbox"/> 4 Several times a week <input type="checkbox"/> 5 Everyday or almost everyday <input type="checkbox"/> 8 Prefer not to answer

This next set of questions is about how safe you feel in different contexts.

25.	How safe do you feel in your home and community (or neighborhood)?	
25a.	Home	<input type="checkbox"/> 1 Very safe <input type="checkbox"/> 2 Mostly safe <input type="checkbox"/> 3 Unsafe at times <input type="checkbox"/> 4 Very unsafe <input type="checkbox"/> 8 Prefer not to answer
25b.	Community (or neighborhood)	<input type="checkbox"/> 1 Very safe <input type="checkbox"/> 2 Mostly safe <input type="checkbox"/> 3 Unsafe at times <input type="checkbox"/> 4 Very unsafe <input type="checkbox"/> 8 Prefer not to answer

Section 4 — Experiences with the healthcare system

These next five questions are about your experiences with the healthcare system over the past year. In answering the questions, please think about your regular medical doctors (not the doctors you see for this research study).

26.	In the past year, how often did you delay seeking medical attention for a problem that was bothering you?	<input type="checkbox"/> 1 All of the time <input type="checkbox"/> 2 Most of the time <input type="checkbox"/> 3 Sometimes <input type="checkbox"/> 4 None or almost none of the time <input type="checkbox"/> 5 Not applicable <input type="checkbox"/> 8 Prefer not to answer
27.	In the past year, how often did you experience challenges in filling a prescription?	<input type="checkbox"/> 1 All of the time <input type="checkbox"/> 2 Most of the time <input type="checkbox"/> 3 Sometimes <input type="checkbox"/> 4 None or almost none of the time <input type="checkbox"/> 5 Not applicable <input type="checkbox"/> 8 Prefer not to answer
28.	In the past year, how often did you miss a follow-up medical appointment that was scheduled?	<input type="checkbox"/> 1 All of the time <input type="checkbox"/> 2 Most of the time <input type="checkbox"/> 3 Sometimes <input type="checkbox"/> 4 None or almost none of the time <input type="checkbox"/> 5 Not applicable <input type="checkbox"/> 8 Prefer not to answer

Section 4 — Experiences with the healthcare system*continued...*

- | | | |
|-----|--|---|
| 29. | In the past year, how often did you follow a doctor's advice or treatment plan when it was given? | <input type="checkbox"/> 1 All of the time
<input type="checkbox"/> 2 Most of the time
<input type="checkbox"/> 3 Sometimes
<input type="checkbox"/> 4 None or almost none of the time
<input type="checkbox"/> 5 Not applicable
<input type="checkbox"/> 8 Prefer not to answer |
| 30. | Overall, which of these describes your health insurance, access to healthcare services, and access to medications? | <input type="checkbox"/> 1 Not available to any extent
<input type="checkbox"/> 2 Below the level of my needs
<input type="checkbox"/> 3 Able to meet my needs
<input type="checkbox"/> 4 Exceeds my needs
<input type="checkbox"/> 8 Prefer not to answer |

Section 5 — Experiences of Discrimination

Research has shown that experiences of unfair treatment in daily life, for any reason, can negatively affect health. Please answer the following questions about whether you have experienced unfair treatment in the following ways.

- | | | |
|-----|---|--|
| 31. | In your day-to-day life how often are you treated with less courtesy or respect than other people? | <input type="checkbox"/> 1 Almost every day
<input type="checkbox"/> 2 At least once a week
<input type="checkbox"/> 3 A few times a month
<input type="checkbox"/> 4 A few times a year
<input type="checkbox"/> 5 Less than once a year
<input type="checkbox"/> 6 Never
<input type="checkbox"/> 8 Prefer not to answer |
| 32. | In your day-to-day life how often do you receive poorer service than other people at restaurants or stores? | <input type="checkbox"/> 1 Almost every day
<input type="checkbox"/> 2 At least once a week
<input type="checkbox"/> 3 A few times a month
<input type="checkbox"/> 4 A few times a year
<input type="checkbox"/> 5 Less than once a year
<input type="checkbox"/> 6 Never
<input type="checkbox"/> 8 Prefer not to answer |
| 33. | In your day-to-day life how often do people act as if they think you are not smart? | <input type="checkbox"/> 1 Almost every day
<input type="checkbox"/> 2 At least once a week
<input type="checkbox"/> 3 A few times a month
<input type="checkbox"/> 4 A few times a year
<input type="checkbox"/> 5 Less than once a year
<input type="checkbox"/> 6 Never
<input type="checkbox"/> 8 Prefer not to answer |
| 34. | In your day-to-day life how often do people act as if they are afraid of you? | <input type="checkbox"/> 1 Almost every day
<input type="checkbox"/> 2 At least once a week
<input type="checkbox"/> 3 A few times a month
<input type="checkbox"/> 4 A few times a year
<input type="checkbox"/> 5 Less than once a year
<input type="checkbox"/> 6 Never
<input type="checkbox"/> 8 Prefer not to answer |
| 35. | In your day-to-day life how often are you threatened or harassed? | <input type="checkbox"/> 1 Almost every day
<input type="checkbox"/> 2 At least once a week
<input type="checkbox"/> 3 A few times a month
<input type="checkbox"/> 4 A few times a year
<input type="checkbox"/> 5 Less than once a year
<input type="checkbox"/> 6 Never
<input type="checkbox"/> 8 Prefer not to answer |

Section 5 — Experiences of Discrimination*continued...*

36.	How frequently do you receive poorer service or treatment from doctors or in hospitals compared to other people?	<input type="checkbox"/> 1 All of the time <input type="checkbox"/> 2 Most of the time <input type="checkbox"/> 3 Sometimes <input type="checkbox"/> 4 None or almost none of the time <input type="checkbox"/> 5 Not applicable <input type="checkbox"/> 8 Prefer not to answer																														
37.	When reflecting on the day-to-day experiences in questions 31 to 36, what do you think are the main reasons for these experiences? <i>(Check all that apply)</i>	<table border="0"> <tr> <td>37a1.</td> <td><input type="checkbox"/> 1 My ancestry or national origins</td> </tr> <tr> <td>37a2.</td> <td><input type="checkbox"/> 1 My gender</td> </tr> <tr> <td>37a3.</td> <td><input type="checkbox"/> 1 My race</td> </tr> <tr> <td>37a4.</td> <td><input type="checkbox"/> 1 My age</td> </tr> <tr> <td>37a5.</td> <td><input type="checkbox"/> 1 My religion</td> </tr> <tr> <td>37a6.</td> <td><input type="checkbox"/> 1 My height</td> </tr> <tr> <td>37a7.</td> <td><input type="checkbox"/> 1 My weight</td> </tr> <tr> <td>37a8.</td> <td><input type="checkbox"/> 1 Some other aspect of my physical appearance</td> </tr> <tr> <td>37a9.</td> <td><input type="checkbox"/> 1 My sexual orientation</td> </tr> <tr> <td>37a10.</td> <td><input type="checkbox"/> 1 My education or income level</td> </tr> <tr> <td>37a11.</td> <td><input type="checkbox"/> 1 A physical disability</td> </tr> <tr> <td>37a12.</td> <td><input type="checkbox"/> 1 My shade of skin color</td> </tr> <tr> <td>37a13.</td> <td><input type="checkbox"/> 1 Other</td> </tr> <tr> <td>37a14.</td> <td><input type="checkbox"/> 1 Not applicable - I do not have these experiences in my day-to-day life (END FORM HERE)</td> </tr> <tr> <td>37a15.</td> <td><input type="checkbox"/> 1 Prefer not to answer</td> </tr> </table>	37a1.	<input type="checkbox"/> 1 My ancestry or national origins	37a2.	<input type="checkbox"/> 1 My gender	37a3.	<input type="checkbox"/> 1 My race	37a4.	<input type="checkbox"/> 1 My age	37a5.	<input type="checkbox"/> 1 My religion	37a6.	<input type="checkbox"/> 1 My height	37a7.	<input type="checkbox"/> 1 My weight	37a8.	<input type="checkbox"/> 1 Some other aspect of my physical appearance	37a9.	<input type="checkbox"/> 1 My sexual orientation	37a10.	<input type="checkbox"/> 1 My education or income level	37a11.	<input type="checkbox"/> 1 A physical disability	37a12.	<input type="checkbox"/> 1 My shade of skin color	37a13.	<input type="checkbox"/> 1 Other	37a14.	<input type="checkbox"/> 1 Not applicable - I do not have these experiences in my day-to-day life (END FORM HERE)	37a15.	<input type="checkbox"/> 1 Prefer not to answer
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37a15.	<input type="checkbox"/> 1 Prefer not to answer																															
38.	When you have had day-to-day experiences like those in questions 31 to 36, would you say they have been very stressful, moderately stressful, or not stressful?	<input type="checkbox"/> 1 Very stressful <input type="checkbox"/> 2 Moderately stressful <input type="checkbox"/> 3 Not stressful <input type="checkbox"/> 9 Don't know <input type="checkbox"/> 8 Prefer not to answer																														