Form A1a: Social Determinants of Health

ADRC: _____ PTID: _____ Form date: __ __ / __ __ / __ __ __ __ Visit #: _____ Examiner's initials: _____

Language:	Administration:	Mode:	Key (remote reason):
☐ 1 English ☐ 2 Spanish	☐ 1 Self-administered ☐ 2 Staff-administered	☐ 1 In-person ☐ 2 Remote *(reason):* __ ☐ 1 Telephone ☐ 2 Video ☐ 3 Mail ☐ 4 Electronic (e.g., email) ☐ 0 Not completed *(reason):* ___ ___	*1=Too cognitively impaired* *2=Too physically impaired* *3=Homebound/nursing home* *4=Refused in-person visit* *5=Other*

Key (not completed reason):
93=Concerns about reliability

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?	☐ 0 No ☐ 1 Yes ☐ 8 Prefer not to answer
2.	Do you have consistent access to transportation?	☐ 0 No ☐ 1 Yes ☐ 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?	☐ 1 Often ☐ 2 Sometimes ☐ 3 Never ☐ 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?	☐ 1 Often ☐ 2 Sometimes ☐ 3 Never ☐ 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?	☐ 1 Often ☐ 2 Sometimes ☐ 3 Never ☐ 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 for the past year? Include income from all sources such as wages, salaries, social security or retirement benefits, help from relatives, rent from property, and so forth. *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.*	☐ 1 $0 - $14,999 ☐ 2 $15,000 – $29,999 ☐ 3 $30,000 – $74,999 ☐ 4 $75,000 and over ☐ 8 Prefer not to answer ☐ 9 Don't know
7.	How satisfied are you with your current personal financial condition?	☐ 1 Completely satisfied ☐ 2 Satisfied ☐ 3 Somewhat satisfied ☐ 4 Not very satisfied ☐ 5 Not at all satisfied ☐ 8 Prefer not to answer

Section 2 — Financial security *continued...*

8. How difficult is it for you to meet monthly payments on your bills?

☐ 1 Not at all
☐ 2 Slightly
☐ 3 Moderately
☐ 4 Very
☐ 5 Extremely
☐ 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?

☐ 1 No financial problems for twelve months or longer
☐ 2 Yes, financial problems for twelve months or longer, but not upsetting to me
☐ 3 Yes, financial problems for twelve months or longer, and somewhat upsetting to me
☐ 4 Yes, financial problems for twelve months or longer, and very upsetting to me
☐ 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?

☐ 0 No
☐ 1 Yes
☐ 8 Prefer not to answer

11. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

☐ 0 No
☐ 1 Yes
☐ 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?

☐ 0 No
☐ 1 Yes
☐ 8 Prefer not to answer

13. In the last 12 months, have you ended up taking less medication than was prescribed for you because of the cost?

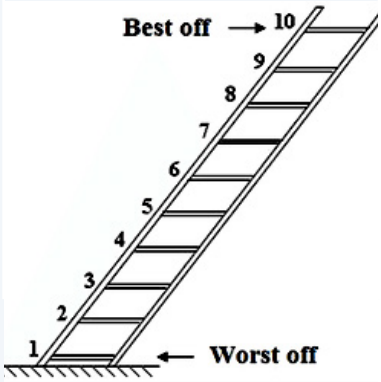
☐ 0 No
☐ 1 Yes
☐ 8 Prefer not to answer

14. 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.

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.

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
10 9 8 7 6 5 4 3 2 1

☐ 88 Prefer not to answer



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?

☐ 1 Never attended school or only attended kindergarten
☐ 2 Grades 1 through 8 (elementary)
☐ 3 Grades 9 through 11 (some high school)
☐ 4 Grade 12 or GED (high school graduate)
☐ 5 College 1 year to 3 years (some college)
☐ 6 College 4 years or more (college graduate)
☐ 8 Prefer not to answer/Not applicable
☐ 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	☐ 1 Strongly disagree ☐ 2 Disagree ☐ 3 Neither disagree or agree ☐ 4 Agree ☐ 5 Strongly agree ☐ 8 Prefer not to answer
17.	I miss having people around	☐ 1 Strongly disagree ☐ 2 Disagree ☐ 3 Neither disagree or agree ☐ 4 Agree ☐ 5 Strongly agree ☐ 8 Prefer not to answer
18.	I feel like I don't have enough friends	☐ 1 Strongly disagree ☐ 2 Disagree ☐ 3 Neither disagree or agree ☐ 4 Agree ☐ 5 Strongly agree ☐ 8 Prefer not to answer
19.	I often feel abandoned	☐ 1 Strongly disagree ☐ 2 Disagree ☐ 3 Neither disagree or agree ☐ 4 Agree ☐ 5 Strongly agree ☐ 8 Prefer not to answer
20.	I miss having a really close friend	☐ 1 Strongly disagree ☐ 2 Disagree ☐ 3 Neither disagree or agree ☐ 4 Agree ☐ 5 Strongly agree ☐ 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)?	☐ 0 Parents not living ☐ 1 Once a year or less ☐ 2 Several times a year ☐ 3 Several times a month ☐ 4 Several times a week ☐ 5 Everyday or almost everyday ☐ 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)?	☐ 0 Do not have children ☐ 1 Once a year or less ☐ 2 Several times a year ☐ 3 Several times a month ☐ 4 Several times a week ☐ 5 Everyday or almost everyday ☐ 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)?	☐ 0 Do not have close friends ☐ 1 Once a year or less ☐ 2 Several times a year ☐ 3 Several times a month ☐ 4 Several times a week ☐ 5 Everyday or almost everyday ☐ 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)?	☐ 0 Do not participate in activities outside the home ☐ 1 Once a year or less ☐ 2 Several times a year ☐ 3 Several times a month ☐ 4 Several times a week ☐ 5 Everyday or almost everyday ☐ 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	☐ 1 Very safe ☐ 2 Mostly safe ☐ 3 Unsafe at times ☐ 4 Very unsafe ☐ 8 Prefer not to answer
25b.	Community (or neighborhood)	☐ 1 Very safe ☐ 2 Mostly safe ☐ 3 Unsafe at times ☐ 4 Very unsafe ☐ 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?	☐ 1 All of the time ☐ 2 Most of the time ☐ 3 Sometimes ☐ 4 None or almost none of the time ☐ 5 Not applicable ☐ 8 Prefer not to answer
27.	In the past year, how often did you experience challenges in filling a prescription?	☐ 1 All of the time ☐ 2 Most of the time ☐ 3 Sometimes ☐ 4 None or almost none of the time ☐ 5 Not applicable ☐ 8 Prefer not to answer
28.	In the past year, how often did you miss a follow-up medical appointment that was scheduled?	☐ 1 All of the time ☐ 2 Most of the time ☐ 3 Sometimes ☐ 4 None or almost none of the time ☐ 5 Not applicable ☐ 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?	☐ 1 All of the time ☐ 2 Most of the time ☐ 3 Sometimes ☐ 4 None or almost none of the time ☐ 5 Not applicable ☐ 8 Prefer not to answer
30.	Overall, which of these describes your health insurance, access to healthcare services, and access to medications?	☐ 1 Not available to any extent ☐ 2 Below the level of my needs ☐ 3 Able to meet my needs ☐ 4 Exceeds my needs ☐ 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?	☐ 1 Almost every day ☐ 2 At least once a week ☐ 3 A few times a month ☐ 4 A few times a year ☐ 5 Less than once a year ☐ 6 Never ☐ 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?	☐ 1 Almost every day ☐ 2 At least once a week ☐ 3 A few times a month ☐ 4 A few times a year ☐ 5 Less than once a year ☐ 6 Never ☐ 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?	☐ 1 Almost every day ☐ 2 At least once a week ☐ 3 A few times a month ☐ 4 A few times a year ☐ 5 Less than once a year ☐ 6 Never ☐ 8 Prefer not to answer
34.	In your day-to-day life how often do people act as if they are afraid of you?	☐ 1 Almost every day ☐ 2 At least once a week ☐ 3 A few times a month ☐ 4 A few times a year ☐ 5 Less than once a year ☐ 6 Never ☐ 8 Prefer not to answer
35.	In your day-to-day life how often are you threatened or harassed?	☐ 1 Almost every day ☐ 2 At least once a week ☐ 3 A few times a month ☐ 4 A few times a year ☐ 5 Less than once a year ☐ 6 Never ☐ 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?	☐ 1 All of the time ☐ 2 Most of the time ☐ 3 Sometimes ☐ 4 None or almost none of the time ☐ 5 Not applicable ☐ 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? *(Check all that apply)*	**37a1.** ☐ 1 My ancestry or national origins **37a2.** ☐ 1 My gender **37a3.** ☐ 1 My race **37a4.** ☐ 1 My age **37a5.** ☐ 1 My religion **37a6.** ☐ 1 My height **37a7.** ☐ 1 My weight **37a8.** ☐ 1 Some other aspect of my physical appearance **37a9.** ☐ 1 My sexual orientation **37a10.** ☐ 1 My education or income level **37a11.** ☐ 1 A physical disability **37a12.** ☐ 1 My shade of skin color **37a13.** ☐ 1 Other **37a14.** ☐ 1 Not applicable - I do not have these experiences in my day-to-day life **(END FORM HERE)** **37a15.** ☐ 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?	☐ 1 Very stressful ☐ 2 Moderately stressful ☐ 3 Not stressful ☐ 9 Don't know ☐ 8 Prefer not to answer