



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	Administration: <input type="checkbox"/> 1 Self-administered <input type="checkbox"/> 2 Staff-administered	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): 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?	<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 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. <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 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...

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|--|---|
| <p>23. How often do you have contact with close friends either in person, by phone, mail, or email (e.g., any online interaction)?</p> | <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 |
| <p>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)?</p> | <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.

- | | |
|--|---|
| <p>25. How safe do you feel in your home and community (or neighborhood)?</p> | |
| <p>25a. Home</p> | <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 |
| <p>25b. Community (or neighborhood)</p> | <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).

- | | |
|---|---|
| <p>26. In the past year, how often did you delay seeking medical attention for a problem that was bothering you?</p> | <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 |
| <p>27. In the past year, how often did you experience challenges in filling a prescription?</p> | <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 |
| <p>28. In the past year, how often did you miss a follow-up medical appointment that was scheduled?</p> | <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?
- 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...

<p>36. How frequently do you receive poorer service or treatment from doctors or in hospitals compared to other people?</p>	<p><input type="checkbox"/> 1 All of the time</p> <p><input type="checkbox"/> 2 Most of the time</p> <p><input type="checkbox"/> 3 Sometimes</p> <p><input type="checkbox"/> 4 None or almost none of the time</p> <p><input type="checkbox"/> 5 Not applicable</p> <p><input type="checkbox"/> 8 Prefer not to answer</p>
<p>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></p>	<p>37a1. <input type="checkbox"/> 1 My ancestry or national origins</p> <p>37a2. <input type="checkbox"/> 1 My gender</p> <p>37a3. <input type="checkbox"/> 1 My race</p> <p>37a4. <input type="checkbox"/> 1 My age</p> <p>37a5. <input type="checkbox"/> 1 My religion</p> <p>37a6. <input type="checkbox"/> 1 My height</p> <p>37a7. <input type="checkbox"/> 1 My weight</p> <p>37a8. <input type="checkbox"/> 1 Some other aspect of my physical appearance</p> <p>37a9. <input type="checkbox"/> 1 My sexual orientation</p> <p>37a10. <input type="checkbox"/> 1 My education or income level</p> <p>37a11. <input type="checkbox"/> 1 A physical disability</p> <p>37a12. <input type="checkbox"/> 1 My shade of skin color</p> <p>37a13. <input type="checkbox"/> 1 Other</p> <p>37a14. <input type="checkbox"/> 1 Not applicable - I do not have these experiences in my day-to-day life (END FORM HERE)</p> <p>37a15. <input type="checkbox"/> 1 Prefer not to answer</p>
<p>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?</p>	<p><input type="checkbox"/> 1 Very stressful</p> <p><input type="checkbox"/> 2 Moderately stressful</p> <p><input type="checkbox"/> 3 Not stressful</p> <p><input type="checkbox"/> 9 Don't know</p> <p><input type="checkbox"/> 8 Prefer not to answer</p>

