**Personal Characteristics**

1. Are you Hispanic or Latino?
   - Yes
   - No
   - I choose not to answer this question

2. Which race(s) are you? Check all that apply.
   - Asian
   - Native Hawaiian
   - Pacific Islander
   - Black/African American
   - Other (please write)
   - I choose not to answer this question

3. At any point in the past 2 years, has season or migrant farm work been your or your family’s main source of income?
   - Yes
   - No
   - I choose not to answer this question

4. Have you been discharged from the armed forces of the United States?
   - Yes
   - No
   - I choose not to answer this question

5. What language are you most comfortable speaking?
   - English
   - Language other than English (please write)
   - I choose not to answer this question

**Family & Home**

6. How many family members, including yourself, do you currently live with? ____________
   - I choose not to answer this question

**Money & Resources**

9. What is the highest level of school that you have finished?
   - Less than high school degree
   - High school diploma or GED
   - More than high school
   - I choose not to answer this question

8. What address do you live at?
   - Street: ____________________________
   - City, State, Zipcode: ____________________

10. What is your current work situation?
    - Unemployed
    - Part-time work
    - Full-time work
    - Otherwise unemployed but not seeking work (ex: student, retired, disabled, unpaid primary care giver)
      - Please write:
      - I choose not to answer this question

11. What is your main insurance?
    - None/uninsured
    - Medicaid
    - CHIP Medicaid
    - Medicare
    - Other public insurance (not CHIP)
    - Other Public Insurance (CHIP)
    - Private Insurance

For more information about this tool, please contact Michelle Jester at mjester@nachc.org or visit the “Resources for Addressing Social Determinants” folder at http://www.healthcarecommunities.org/ResourceCenter.aspx
12. During the past year, what was the total combined income for you and the family members you live with?  
________________________

I choose not to answer this question

13. In the past year, have you or any family members you live with been unable to get any of the following when it was really needed? Check all that apply.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food</td>
<td>Clothing</td>
</tr>
<tr>
<td>Utilities</td>
<td>Rent/Mortgage Payment</td>
</tr>
<tr>
<td>Transportation</td>
<td>Child Care</td>
</tr>
<tr>
<td>Medicine or Medical Care</td>
<td>Phone</td>
</tr>
</tbody>
</table>
| Health Insurance | Other (please write):

I choose not to answer this question

14. How often do you see or talk to people that you care about and feel close to? (For example: talking to friends on the phone, visiting friends or family, going to church or club meetings)

<table>
<thead>
<tr>
<th>Less than once a week</th>
<th>1 or 2 times a week</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 to 5 times a week</td>
<td>5 or more times a week</td>
</tr>
</tbody>
</table>

I choose not to answer this question

15. Stress is when someone feels tense, nervous, anxious, or can’t sleep at night because their mind is troubled. How stressed are you?

| Not at all | A little bit |
| Somewhat  | Quite a bit |
| Very much | I choose not to answer this question |

16. In the past year, have you spent more than 2 nights in a row in a jail, prison, detention center, or juvenile correctional facility?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

I choose not to answer this question

17. Has lack of transportation kept you from medical appointments or from getting your medications?

| Yes | No |

I choose not to answer this question

18. Are you a refugee?

| Yes | No |

I choose not to answer this question

19. What country are you from?

| United States | Country other than the United States (please write): |

20. Do you feel physically and emotionally safe where you currently live?

<table>
<thead>
<tr>
<th>Yes</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>I choose not to answer this question</td>
</tr>
</tbody>
</table>

21. In the past year, have you been afraid of your partner or ex-partner?

<table>
<thead>
<tr>
<th>Yes</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>I have not had a partner in the past year</td>
</tr>
<tr>
<td></td>
<td>I choose not to answer this question</td>
</tr>
</tbody>
</table>

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