



SDOH QUESTIONNAIRE

IMPRESIV HEALTH

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This questionnaire is designed to be a sampling of the questions discussed during a SDOH assessment. It is not intended as a clinical assessment. SDOH evaluations should be completed by trained professionals in conjunction with a comprehensive SDOH program.

Impresiv Health's team of thought leaders and proven industry experts can work in tandem with your team to evaluate, craft, implement and launch your SDOH program utilizing the ICoE. The Impresiv Center of Excellence (ICoE) is a comprehensive suite of proven solutions, best practices, tools, and resources designed to help your SDOH program become quickly operational, leading to better financial and population health outcomes.

SDOH Questionnaire



HOUSING

1. What is your living situation today?

- ☐ I have a steady place to live
- ☐ I have a place to live today, but I am worried about losing it in the future
- ☐ I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)

2. Are you worried or concerned that in the next two months you may not have stable housing that you own, rent, or stay in as a part of a household?

- ☐ Yes
- ☐ No
- ☐ I choose not to answer this question

3. Think about the place you live. Do you have problems with any of the following? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Bug infestation | <input type="checkbox"/> No or not working smoke detectors |
| <input type="checkbox"/> Mold | <input type="checkbox"/> Water leaks |
| <input type="checkbox"/> Lead paint or pipes | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Inadequate heat | <input type="checkbox"/> Other: _____ |

SDOH Questionnaire

CULTURAL CONSIDERATIONS

4. Are you Hispanic or Latino?

- ☐ Yes, Hispanic or Latino
- ☐ No, not Hispanic or Latino
- ☐ I choose not to answer this question

5. Which race(s) are you? Check all that apply.

- ☐ Asian
- ☐ Native Hawaiian
- ☐ Black/African American
- ☐ White
- ☐ Pacific Islander
- ☐ American Indian/Alaskan Native
- ☐ Other: _____
- ☐ I choose not to answer this question

6. Are you a refugee?

- ☐ Yes
- ☐ No
- ☐ I choose not to answer this question

7. Do you speak a language other than English at home?

- ☐ No
- ☐ Yes Language(s): _____
- ☐ I choose not to answer this question

SDOH Questionnaire



FOOD

8. Within the past 12 months, you worried that your food would run out before you got money to buy more.

- ☐ Often True ☐ Sometimes True ☐ Never True
☐ I choose not to answer this question

9. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

- ☐ Often True ☐ Sometimes True ☐ Never True
☐ I choose not to answer this question

10. Do you receive food assistance (Government Assistance, Foodbank, etc.)

- ☐ Yes ☐ No ☐ I chose not to answer this question

TRANSPORTATION

11. Do you put off or neglect going to the doctor because of distance or transportation?

- ☐ Yes ☐ No

12. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

- ☐ Yes ☐ No

SDOH Questionnaire

FINANCES

13. In the past year, what was the total combined income for you and the family members you live with? This information will help us determine if you are eligible for any benefits.

☐ Please Write: _____ ☐ I choose not to answer this question

14. What is your main insurance?

☐ None/uninsured ☐ Medicaid ☐ Medicare ☐ Private Insurance
☐ Other: _____ ☐ I choose not to answer this question

15. How hard is it for you to pay for the very basics like food, housing, medical care, and heating?

☐ Very Hard ☐ Somewhat Hard ☐ Not Hard at All
☐ I choose not to answer this question

16. In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?

☐ Yes ☐ No ☐ Already Shut Off
☐ I choose not to answer this question

17. How often does this describe you? I don't have enough money to pay my bills:

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always
☐ I choose not to answer this question

SDOH Questionnaire



EDUCATION

18. Do you have a High School Degree?

- ☐ Yes ☐ No ☐ I chose not to answer this question

19. Do you want help with school or training? For example, starting or completing job training or getting a high school diploma, GED or equivalent.

- ☐ Yes ☐ No ☐ I chose not to answer this question

EMPLOYEMENT

20. What is your current work situation?

- ☐ Unemployed ☐ Full Time ☐ Part Time/Temp Work
☐ Otherwise unemployed but not seeking work (ex: student, retired, disabled, unpaid caregiver)
☐ Other: _____ ☐ I chose not to answer this question

21. At any point in the past 2 years has seasonal or migrant farm work been your or your family's main source of income?

- ☐ Yes ☐ No ☐ I chose not to answer this question

22. Have you been discharged from the armed forces of the United States?

- ☐ Yes ☐ No ☐ I chose not to answer this question

SDOH Questionnaire



CHILD CARE

23. Do you have children under the age of 18?

- ☐ Yes ☐ No ☐ I chose not to answer this question

24. Do problems getting child care make it difficult for you to work or study?

- ☐ Yes ☐ No ☐ I chose not to answer this question

SUPPORT NETWORK

25. If for any reason you need help with day-to-day activities such as bathing, preparing meals, shopping, managing finances, etc., do you get the help you need?

- ☐ I don't need any help ☐ I get all the help I need
☐ I could use a little more help ☐ I need a lot more help
☐ I choose not to answer this question

26. 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)

- ☐ Less than once a week ☐ 1 or 2 times a week ☐ 3 to 5 times a week
☐ 6 or more times a week ☐ I chose not to answer this question

27. How often do you feel lonely or isolated from those around you?

- ☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

SDOH Questionnaire



SUBSTANCE USE

The next questions relate to your experience with alcohol, cigarettes, and other drugs. Some of the substances are prescribed by a doctor (like pain medications), but only count those if you have taken them for reasons or in doses other than prescribed. One question is about illicit or illegal drug use, but we only ask in order to identify community services that may be available to help you.

28. How many times in the past 12 months have you had 5 or more drinks in a day (males) or 4 or more drinks in a day (females)? One drink is 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of 80-proof spirits.

- ☐ Never ☐ Once or Twice ☐ Monthly ☐ Weekly
☐ Daily ☐ I chose not to answer this question

29. How many times in the past 12 months have you used tobacco products (like cigarettes, cigars, snuff, chew, electronic cigarettes)?

- ☐ Never ☐ Once or Twice ☐ Monthly ☐ Weekly
☐ Daily ☐ I chose not to answer this question

30. How many times in the past year have you used prescription drugs for non-medical reasons?

- ☐ Never ☐ Once or Twice ☐ Monthly ☐ Weekly
☐ Daily ☐ I chose not to answer this question

31. How many times in the past year have you used illegal drugs?

- ☐ Never ☐ Once or Twice ☐ Monthly ☐ Weekly
☐ Daily ☐ I chose not to answer this question

SDOH Questionnaire



PHYSICAL ACTIVITY

32. In the last 30 days, other than the activities you did for work, on average, how many days per week did you engage in moderate exercise (like walking fast, running, jogging, dancing, swimming, biking, or other similar activities)?

- ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
- ☐ 6 ☐ 7 ☐ I chose not to answer this question

33. On average, how many minutes did you usually spend exercising at this level on one of those days?

- ☐ 0 ☐ 10 ☐ 20 ☐ 30 ☐ 40 ☐ 50
- ☐ 60 ☐ 90 ☐ 120 ☐ 150 or greater
- ☐ I chose not to answer this question

LEGAL

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

- ☐ Yes ☐ No ☐ I chose not to answer this question

35. Have you ever been convicted of a felony?

- ☐ Yes ☐ No ☐ I chose not to answer this question

SDOH Questionnaire

MENTAL HEALTH

36. Over the past 2 weeks, how often have you been bothered by any of the following problem? Little interest or pleasure in doing things?

- ☐ Not at all ☐ Several days ☐ More than half the days
☐ Nearly Every Day ☐ I chose not to answer this question

37. Over the past 2 weeks, how often have you been bothered by any of the following problem? Feeling down, depressed, or hopeless?

- ☐ Not at all ☐ Several days ☐ More than half the days
☐ Nearly Every Day ☐ I chose not to answer this question

38. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- ☐ Yes ☐ No ☐ I chose not to answer this question

39. Do you need mental health services but are not receiving them?

- ☐ Yes ☐ No ☐ I chose not to answer this question

SDOH Questionnaire



PERSONAL SAFETY

40. How often does anyone, including family, physically hurt you?

- | | | |
|---------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes |
| <input type="checkbox"/> Fairly Often | <input type="checkbox"/> Frequently | <input type="checkbox"/> I chose not to answer this question |

41. How often does anyone, including family, threaten you with harm?

- | | | |
|---------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes |
| <input type="checkbox"/> Fairly Often | <input type="checkbox"/> Frequently | <input type="checkbox"/> I chose not to answer this question |

42. How often does anyone, including family, scream or curse at you?

- | | | |
|---------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes |
| <input type="checkbox"/> Fairly Often | <input type="checkbox"/> Frequently | <input type="checkbox"/> I chose not to answer this question |

ASSISTANCE

43. Would you like help with any of these needs?

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> I chose not to answer this question |
|------------------------------|-----------------------------|--|