

## APPENDIX A:

### CORE SET OF SDOH SCREENING QUESTIONS: TWO ITERATIONS

The following are two iterations of a set of eighteen questions which can form a core set for screening for social determinants of health (across material, personal, social, and parenting well-being). These could be used as a separate screen or as a part of other screens (child health status, family medical history, parent concerns about child development, etc.). The first is a simplified version which organizes the questions in parallel form with common ways to respond (yes, somewhat, no). The second is a version which uses actual validated tools in the precise form they were validated.

### SIMPLIFIED INITIAL CORE SET OF SDOH SCREENING QUESTIONS – PARENT SURVEY

The following questions are designed to help us better respond to you and your child and support you as you respond to your child's growth and health. Please respond to the following questions – all responses will be kept confidential. If you are uncomfortable responding to any of the questions, please feel free to skip them.

#### **Baseline Information on parent(s) (should be collected as general information about the child and family)**

Age	Address [poor neighborhood]
Insurance status	Household membership
Work status	Health/disability status/condition
Race/ethnicity	Household income
Home language	Educational status

#### **Questions (views of primary caregiver(s):** **Y (Yes) S (Somewhat) N**

**(No)**

1. Our household can manage itself financially and meet our children's needs, including books and toys and games and clothes for different occasions and a good home with play areas.  
Y/S/N
2. We often find it hard to pay for the very basics like food, housing, medical care, and heating.  
Y/S/N
3. Generally, I am excited and confident, rather than stressed and worried, about my role as a parent. Y/S/N
4. Generally, I feel I know what I need to do to take care of my child(ren) and respond to their needs and the way they are growing and behaving.  
Y/S/N
5. Often, over the last two weeks, I have felt little interest or pleasure in doing things.  
Y/S/N
6. Often, over the last two weeks, I have felt down, depressed or hopeless.  
Y/S/N
7. [Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled.] I am often stressed in my day-to-day life and activities.  
Y/S/N
8. I sometimes drink more than I feel I should.  
Y/S/N

9. Someone in my household smokes.  
Y/S/N
10. In the past year, I have used an illegal drug or a prescription medication for non-medical reasons, such as to feel better or get high.  
Y/S/N
11. I can solve most problems if I invest the necessary effort.  
Y/S/N
12. I can express my emotions, set limits for myself, and calm myself down.  
Y/S/N
13. I have good friends who provide me the emotional support I need and I can share my successes and my problems with them.  
Y/S/N
14. I can go to someone in my community if there is a sudden need for help – financially (like an unexpected \$500 bill) or social support (taking care of a problem like emergency child care or transportation help).  
Y/S/N
15. I feel valued and accepted and included by my family and my community.  
Y/S/N
16. In the past month, I have felt emotionally upset (angry, sad, or frustrated) on how I was treated because of my race.  
Y/S/N
17. In the past year, I have at some time felt threatened in my home or been afraid of my partner or ex-partner (or someone who cares for me).  
Y/S/N
18. I have had a change in my family life (move to a new location, divorce or ending of relationship, new partner or new major interest in life, arrest or major illness of a family member, etc.) since my last visit that is affecting my role as a parent .  
Y/S/N

If yes, describe: \_\_\_\_\_

I would like to discuss the following concern or concerns (please circle the question number) about how it affects me and my young child and what I can do

\_\_\_\_\_

Thank you for completing. Please feel free to ask the practitioner or staff about this survey or any of the questions on it.

<p><b>INITIAL CORE SET OF SDOH SCREENING QUESTIONS – WORDING FROM VALIDATED QUESTIONS IN THE FIELD</b></p>
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The following questions are designed to help us better respond to both your specific health and medical conditions and to other factors that can promote your and your child’s health. Please respond to the following questions – all responses will be kept confidential. If you are uncomfortable responding to any of the questions, please feel free to skip them.

**Baseline Information**

Age  
Insurance status  
Work status  
Race/ethnicity  
Home language

Address [poor neighborhood]  
Household membership  
Health/disability status/condition  
Household income  
Educational status

**Questions:**

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

Very hard \_\_\_ Somewhat hard \_\_\_ Not very hard \_\_\_ Not at all hard \_\_\_

If you answered somewhat hard or very hard, please answer the following (otherwise go to #3)

2. Please answer the following:

a. 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**?

Food \_\_\_

Utilities \_\_\_

Medicine or any health care need (Medical, Dental, Mental Health, Vision) \_\_\_

Phone \_\_\_

Clothing \_\_\_

Child Care \_\_\_

Safe and stable housing \_\_\_

Transportation \_\_\_

Other (please write) \_\_\_\_\_

b. In the past month was there any day when you or anyone in the family went hungry because you did not have enough money for food?

Yes \_\_\_

No \_\_\_

c. Which of the following describe a problem with your housing situation:

bugs or rodents \_\_\_

general cleanliness \_\_\_

landlord disputes \_\_\_

lead paint \_\_\_

unreliable utilities \_\_\_

medical condition that makes it difficult to live in current house \_\_\_

mold or dampness \_\_\_

overcrowding \_\_\_

threat of eviction \_\_\_

other (please write) \_\_\_\_\_

3. Over the last two weeks, how often have you felt little interest or pleasure in doing things.  
Not at all\_\_\_ Several days\_\_\_ More than half the days\_\_\_ Nearly every day\_\_\_
4. Over the last two weeks, how often have you found yourself feeling down, depressed or hopeless.  
Not at all\_\_\_ Several days\_\_\_ More than half the days\_\_\_ Nearly every day\_\_\_
5. 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 \_\_\_
6. How often do you have a drink containing alcohol?  
Never\_\_\_ Monthly or less\_\_\_ 2–4 times a month \_\_\_ 2–3 times a week \_\_\_ 4 or more times a week \_\_\_  
If more than Never or Monthly or less:
  - a. How many standard drinks containing alcohol do you have on a typical day?  
1 or 2\_\_\_ 3 or 4\_\_\_ 5 or 6\_\_\_ 7 to 9\_\_\_ 10 or more\_\_\_
  - b. How often do you have six or more drinks on one occasion?  
Never\_\_\_ Less than monthly\_\_\_ Monthly\_\_\_ Weekly\_\_\_ Daily or almost daily \_\_\_
7. Is there anyone in your household who smokes?  
\_\_\_ Yes \_\_\_ No
8. How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons? (If asked what non-medical reasons means you can say because of the experience or feeling the drug caused)  
Never\_\_\_ Once\_\_\_ Very infrequently\_\_\_ Sometimes\_\_\_ Often\_\_\_
9. How often is the following true: I can solve most problems if I invest the necessary effort?  
Almost always true\_\_\_ Sometimes true\_\_\_ Often not true\_\_\_ Almost never true\_\_\_
10. How true is it for you that you can express your emotions, set limits for yourself, and calm yourself down?  
None of the time\_\_\_ A little of the time\_\_\_ Some of the time\_\_\_ Most of the time\_\_\_ All\_\_\_
11. How true is it for you that you have good friends who provide you the emotional support you need and with whom you can share your successes and problems?  
None of the time\_\_\_ A little of the time\_\_\_ Some of the time\_\_\_ Most of the time\_\_\_ All\_\_\_
12. Is there someone you can go to in your community if there is a sudden need for help – financially (like an unexpected \$500 bill) or social support (taking care of a problem like emergency child care or transportation help) when you can't provide that yourself?  
None of the time\_\_\_ A little of the time\_\_\_ Some of the time\_\_\_ Most of the time\_\_\_ All\_\_\_
13. How accepted and included and valued do you feel overall in your family and community?  
Very well\_\_\_ Sometimes\_\_\_ Not very well\_\_\_ Poorly\_\_\_
14. Within the last 30 days, have you felt emotionally upset, for instance angry, sad, or frustrated, as a result of how you were treated as a result of your race?  
Yes\_\_\_ No\_\_\_
15. In the past year, have you ever felt threatened in your home or been afraid of your partner or ex-partner (or someone who cares for you)?

Yes\_\_\_ No\_\_\_

16. Generally, how do you about being a parent? Check which best applies:

Usually excited, confident, and fulfilled\_\_\_ Usually in control and feeling good\_\_\_ Sometimes stressed and unsure about how to meet responsibilities\_\_\_ Often worried and frustrated and unsure of being a parent\_\_\_

17. Generally, how well-equipped do you feel in meeting your child's needs?

Always able to understand and meet child's needs \_\_\_ Usually able to understand and meet child's needs \_\_\_ Sometimes do not feel in control and able to meet needs \_\_\_ Frequently unsure about what I need to do

18. Have you had any changes in your family life (move to a new location, divorce or ending of relationship, new partner or major interest in life, arrest or major illness of a family member, etc.) that could affect you and your parenting?

\_\_\_ Yes \_\_\_ No (Describe) \_\_\_\_\_

Thank you for completing. Please feel free to ask the practitioner or staff about this survey or any of the questions on it.