**SEDOH-88**

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| --- | --- | --- |
|  | Question: | Answer Choices: |
| 1a | **Which of the following categories best describes your total combined household income for the past 12 months?**  | 1. 0 - $5,000
2. $5,001 - $10,000
3. $10,001 - $15,000
4. $15,001 - $20,000
5. $20,001 - $25,000
6. $25,001 - $30,000
7. $30,001 - $35,000
8. $35,001 - $40,000
9. $40,001 - $50,000
10. $50,001 - $75,000
11. $75,001 - $100,000
12. $100,001 - $150,000
13. $150,000 +
14. Don't know
15. Would rather not say
 |
| 1b | **How many people (kids and adults) are currently dependent on this income and living in your household, including yourself? (drop down)**  | *(Answer is # of people in household dependent on income)*  |
| 1c | **How many of these people are under the age of 17?** | *(Answer is # of people in household 0-17 years old)*  |
| 2 | **What terms best express how you describe your gender identity? (Check all that apply)** | **[ ]** Man **[ ]** Woman **[ ]** Non-binary **[ ]** Transgender **[ ]** None of these describe me **[ ]** Prefer not to answer |
| 3 | **Which of the following best represents how you think of yourself?** | [ ] Straight; that is, not gay or lesbian, etc.[ ] Gay [ ] Lesbian [ ] Bisexual [ ] None of these describe me, and I’d like to see additional optionsBranching logic: If ‘none of these describe me, and I’d like to see additional options’ selected: |
| 4a | **Are any of these a closer description of how you think of yourself?**  | **[ ]** Queer **[ ]** Polysexual, omnisexual, sapiosexual or pansexual **[ ]** Asexual **[ ]** Two-spirit**[ ]** Have not figured out or are in the process of figuring out your sexuality**[ ]** Mostly straight, but sometimes attracted to people of your own sex**[ ]** Do not think of yourself as having sexuality **[ ]** Do not use labels to identity yourself **[ ]** Don’t know the answer **[ ]** No, I mean something else (optional free text) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[ ]** Prefer not to answer |
| 5 | **What is the primary language you speak at home?** | **[ ]** English **[ ]** Other |
| 5a | **If you speak a language other than English at home, we are interested in your own opinion of how well you speak English. Would you say you speak English?** | **[ ]** Very well **[ ]** Not at all **[ ]** Well **[ ]** Refuse to answer **[ ]** Not well **[ ]** Don’t know |
| 6 | **We would like to know about what you do-are you working now, looking for work, retired, keeping house, a student, or what?**  | **[ ]** Employed **[ ]** Only Temporarily laid off, on sick or maternity leave **[ ]** Unemployed **[ ]** Retired **[ ]** Student **[ ]** Disabled **[ ]**  Keeping house **[ ]** OTHER (SPECIFY): |
| 7 | **What is the highest grade or level of school you have completed or the highest degree you have received?** | **[ ]** NEVER ATTENDED **[ ]** Some Schooling**[ ]** High school Graduate **[ ]**  GED or equivalent **[ ]** Some College, No Degree. **[ ]**  Associate degree- Non Academic **[ ]** Associate degree- Academic **[ ]** Bachelor’s degree **[ ]** Master’s degree **[ ]** Professional School degree **[ ]** Doctoral degree**[ ]** Refuse to answer **[ ]**Don’t know  |
| 8 | **Have you been discharged from the armed forces of the United States?** | **[ ]** Yes **[ ]** No **[ ]** I choose not to answer this question |
| 9 | **Are you a refugee?** | **[ ]** Yes **[ ]** No **[ ]** I choose not to answer this question |
| 10 | **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 choose not to answer this question |
| 11 | **Are you covered by any of the insurance plans?** | * None/uninsured
* Medicaid
* CHIP Medicaid
* Medicare
* Other public insurance (Non-CHIP)
* Other public insurance (CHIP)
* Private insurance (BCBS, VIVA UAB, etc.)
 |
| 11a | **If selected no coverage, does this mean that you currently have no health coverage plan?** | **[ ]** Yes **[ ]** No |
| 12 | **Is there a place that you USUALLY go to if you are sick and need health care?** | **[ ]**  Yes**[ ]**  There is NO place**[ ]**  There is more than one place**[ ]**  Refuse to answer**[ ]**  Don't know |
| 13 | **What kind of place is it/do you go to most often?** | **[ ]**  A doctor's office**[ ]** Walk-in clinic, urgent care center **[ ]** Emergency room **[ ]** A VA clinic**[ ]** Does not go to one place often**[ ]** Refuse to answer**[ ]** Don’t know |
| 14 | **How easy is it for you to make an appointment if you are sick and need health care?**  | **[ ]** Very Easy**[ ]** Easy     **[ ]** Neither easy nor difficult        **[ ]** Difficult          **[ ]** Very difficult  |
| 15 | **Have you ever missed a doctor’s appointment because of transportation problems?**  | **[ ]** Yes **[ ]** No |
| 16 | **In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?** | **[ ]** Yes **[ ]** No **[ ]** Refuse to answer **[ ]** Don't know |
| 17 | **During the past 12 months, have you delayed getting medical attention because of the cost involved?** | **[ ]** Yes **[ ]** No |
| 18 | **Has your tablet /smartphone helped you with your health goals?** | **[ ]** Yes **[ ]** No |
| 19 | **In the past 12 months, have you used the internet to access any social media?** | **[ ]** Yes **[ ]** No |
| 20 | **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.)**  | * Food
* Clothing
* Utilities
* Childcare
* Medicine or any health care (medical, dental, mental health, vision)
* Phone
* Other (enter written answer)
 |
| 21 | **Think about the place you live. Do you have problems with any of the following? (check all that apply):** | * Bug infestation
* Mold
* Lead paint or pipes
* Inadequate heat
* Oven or stove not working
* No or not working smoke detectors
* Water leaks

None of the above |
| 22 | **Do you feel physically and emotionally safe where you currently live?**  | Y/N/Unsure/I choose not to answer this question |
| 23 | **What is your housing situation today**  | **[ ]** I have housing **[ ]** I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, in a car, or in a park) **[ ]** I choose not to answer this question |
| 24 | **Are you worried about losing your housing:**  | **[ ]** Yes **[ ]** No **[ ]** I choose not to answer this question |
| 25 | **How often do you have someone help you read the hospital materials?** | **[ ]** Always**[ ]** Often**[ ]** Sometimes**[ ]** Occasionally **[ ]** Never |
| 26 | **How often do you have problems learning about your medical condition because of difficulty understanding the written information?** | **[ ]** Always**[ ]** Often**[ ]** Sometimes**[ ]** Occasionally **[ ]** Never |
| 27 | **How often do you have a problem understanding what is told to you about your medical condition?** | **[ ]** Always**[ ]** Often**[ ]** Sometimes**[ ]** Occasionally **[ ]** Never |
| 28 | **How confident are you filling out medical forms by yourself?** | **[ ]** Always**[ ]** Often**[ ]** Sometimes**[ ]** Occasionally **[ ]** Never |
| 29 | **I am the person responsible for taking care of my health** | **[ ]**  Strongly Agree**[ ]** Agree**[ ]** Disagree**[ ]** Strongly disagree**[ ]** N/A |
| 30 | **Taking an active role in own health care is the most important thing that affects my health.** | **[ ]**  Strongly Agree**[ ]** Agree**[ ]** Disagree**[ ]** Strongly disagree**[ ]** N/A |
| 31 | **I am confident that I can help prevent or reduce problems associated with my health.** | **[ ]**  Strongly Agree**[ ]** Agree**[ ]** Disagree**[ ]** Strongly disagree**[ ]** N/A |
| 32 | **I know what each of my prescribed medications do.** | **[ ]**  Strongly Agree**[ ]** Agree**[ ]** Disagree**[ ]** Strongly disagree**[ ]** N/A |
| 33 | **I am confident that I can tell whether I need to go the doctor or whether I can take care of health problem myself.** | **[ ]**  Strongly Agree**[ ]** Agree**[ ]** Disagree**[ ]** Strongly disagree**[ ]** N/A |
| 34 | **I am confident that I can tell a doctor concerns I have even when he or she does not ask.** | **[ ]**  Strongly Agree**[ ]** Agree**[ ]** Disagree**[ ]** Strongly disagree**[ ]** N/A |
| 35 | **I am confident that I can follow through on medical treatments I may need to do at home.** | **[ ]**  Strongly Agree**[ ]** Agree**[ ]** Disagree**[ ]** Strongly disagree**[ ]** N/A |
| 36 | **I understand my health problems and what causes them.** | **[ ]**  Strongly Agree**[ ]** Agree**[ ]** Disagree**[ ]** Strongly disagree**[ ]** N/A |
| 37 | **I know what treatments are available for my health problems.** | **[ ]**  Strongly Agree**[ ]** Agree**[ ]** Disagree**[ ]** Strongly disagree**[ ]** N/A |
| 38 | **I have been able to maintain (keep up with) lifestyle changes, like eating right or exercising.** | **[ ]**  Strongly Agree**[ ]** Agree**[ ]** Disagree**[ ]** Strongly disagree**[ ]** N/A |
| 39 | **I know how to prevent the problems with my health.** | **[ ]**  Strongly Agree**[ ]** Agree**[ ]** Disagree**[ ]** Strongly disagree**[ ]** N/A |
| 40 | **I am confident I can figure out solutions when new problems arise with my health.** | **[ ]**  Strongly Agree**[ ]** Agree**[ ]** Disagree**[ ]** Strongly disagree**[ ]** N/A |
| 41 | **I am confident that I can maintain lifestyle changes, like eating right and exercising, even during the times of stress.** | **[ ]**  Strongly Agree**[ ]** Agree**[ ]** Disagree**[ ]** Strongly disagree**[ ]** N/A |
| 42 | **Sometimes your doctor cares more about what is convenient for him/her than about your medical need.** | **[ ]**  Strongly Agree**[ ]** Agree**[ ]** Neutral**[ ]** Disagree**[ ]** Strongly disagree |
| 43 | **Your doctor’s medical skills are not as they should be?** | **[ ]**  Strongly Agree**[ ]** Agree**[ ]** Neutral**[ ]** Disagree**[ ]** Strongly disagree |
| 44 | **Your doctor is extremely thorough and careful?** | **[ ]**  Strongly Agree**[ ]** Agree**[ ]** Neutral**[ ]** Disagree**[ ]** Strongly disagree |
| 45 | **Your doctor only thinks about what is best for you.** | **[ ]**  Strongly Agree**[ ]** Agree**[ ]** Neutral**[ ]** Disagree**[ ]** Strongly disagree |
| 46 | **Sometimes your doctor does not pay full attention to what you are trying to tell him/her.** | **[ ]**  Strongly Agree**[ ]** Agree**[ ]** Neutral**[ ]** Disagree**[ ]** Strongly disagree |
| 47 | **You have no worries about putting your life in your doctor’s hands.** | **[ ]**  Strongly Agree**[ ]** Agree**[ ]** Neutral**[ ]** Disagree**[ ]** Strongly disagree |
| 48 | **All in all, you have complete trust in your doctor.** | **[ ]** None of the time **[ ]** A little of the time**[ ]** Some of the time**[ ]** Most of the time**[ ]** All of the time |
| 49 | **If you needed it how often is someone available to take you to the doctor?** | **[ ]** None of the time **[ ]** A little of the time**[ ]** Some of the time**[ ]** Most of the time**[ ]** All of the time |
| 50 | **Who understands your problems?** | **[ ]** None of the time **[ ]** A little of the time**[ ]** Some of the time**[ ]** Most of the time**[ ]** All of the time |
| 51 | **To love and make you feel wanted?** | **[ ]** None of the time **[ ]** A little of the time**[ ]** Some of the time**[ ]** Most of the time**[ ]** All of the time |
| 52 | **To help you if you were confined to bed?** | **[ ]** None of the time **[ ]** A little of the time**[ ]** Some of the time**[ ]** Most of the time**[ ]** All of the time |
| 53 | **To help with daily chores if you were sick?** | **[ ]** None of the time **[ ]** A little of the time**[ ]** Some of the time**[ ]** Most of the time**[ ]** All of the time |
| 54 | **To prepare your meals if you are unable to do it yourself?** | **[ ]** None of the time **[ ]** A little of the time**[ ]** Some of the time**[ ]** Most of the time**[ ]** All of the time |
| 55 | **To have a good time with?** | **[ ]** None of the time **[ ]** A little of the time**[ ]** Some of the time**[ ]** Most of the time**[ ]** All of the time |
| 56 | **To turn to for suggestions about how to deal with a personal problem?** | **[ ]** None of the time **[ ]** A little of the time**[ ]** Some of the time**[ ]** Most of the time**[ ]** All of the time |
| 57 | **To what extent does faith contribute to your wellbeing?** | **[ ]** Not at all  **[ ]** A little **[ ]** A moderate amount **[ ]** Very much **[ ]** An extreme amount |
| 58 | **To what extent do you feel your life has a purpose?** | **[ ]** Not at all  **[ ]** A little **[ ]** A moderate amount **[ ]** Very much **[ ]** An extreme amount |
| 59 | **What faith do you identify with?** | * Christian-Protestant
* Christian-Catholic
* Muslim/Islam
* Buddhist
* Hindu
* Atheist
* Agnostic
* Judaism
* Other

None |
| 60 | **Have you ever been unfairly stopped, searched, questioned, physically threatened or abused by the police?** | **[ ]** Yes **[ ]** No |
| 61 | **Have you ever moved into a neighborhood where neighbors made life difficult for you or your family?** | **[ ]** Yes **[ ]** No |
| 62 | **Have you ever been unfairly discouraged by a teacher or advisor from continuing your education?** | **[ ]** Yes **[ ]** No |
| 63 | **Have you ever received service from someone such as a plumber or car mechanic that was worse than what other people get?** | **[ ]** Yes **[ ]** No |
| 64 | **At any time in your life, have you ever been unfairly fired?** | **[ ]** Yes **[ ]** No |
| 65 | **For unfair reasons, have you ever not been hired for a job?** | **[ ]** Yes **[ ]** No |
| 66 | **Have you ever been unfairly denied a promotion?** | **[ ]** Yes **[ ]** No |
| 67 | **Was there ever a time when you would have gotten better medical care if you had belonged to a different race orgroup?**  | **[ ]** Yes **[ ]** No **[ ]** Refuse **[ ]** Don’t Know |
| 68 | **For each organization, could you tell me whether you are an active member, an inactive member or not a member of that type of organization?** | * Church
* School
* Community service
* Advocacy group
* Political group
* Gym
* Neighborhood group
* Sports group
* Other

None |
| 69 | **In the last month how often have you felt… 1.     …that you were unable to control important things in your life?** | **[ ]** Never**[ ]** Almost never**[ ]** Sometimes**[ ]** Fairly often**[ ]** Very often |
| 70 | **2.     …confident about your ability to handle personal problems?** | **[ ]** Never**[ ]** Almost never**[ ]** Sometimes**[ ]** Fairly often* **[ ]** Very often
 |
| 71 | **3.     …that things were going your way?** | **[ ]** Never**[ ]** Almost never**[ ]** Sometimes**[ ]** Fairly often**[ ]** Very often |
| 72 | **4.     …that difficulties were piling up so high you could not overcome them?**  | **[ ]** Never**[ ]** Almost never**[ ]** Sometimes**[ ]** Fairly often**[ ]** Very often |
| 73 | **The fresh fruits and vegetables in my neighborhood are of high quality.** | **[ ]**  Strongly Agree**[ ]** Agree**[ ]** Neutral**[ ]** Disagree**[ ]** Strongly disagree |
| 74 | **A large selection of fresh fruits and vegetables is available in my neighborhood.** | **[ ]**  Strongly Agree**[ ]** Agree**[ ]** Neutral**[ ]** Disagree**[ ]** Strongly disagree |
| 75 | **A large selection of low-fat products is available in my neighborhood.** | **[ ]**  Strongly Agree**[ ]** Agree**[ ]** Neutral**[ ]** Disagree**[ ]** Strongly disagree |
| 76 | **This is a close-knit neighborhood.** | **[ ]**  Strongly Agree**[ ]** Agree**[ ]** Neutral**[ ]** Disagree**[ ]** Strongly disagree**[ ]** Don’t Know/Refuse to Answer |
| 77 | **If there was a fight in front of your house and someone was being beaten or threatened, how likely is it that your neighbors would break it up?** | **[ ]** Very Likely**[ ]** Likely**[ ]** Unlikely**[ ]** Very Unlikely**[ ]** Don’t Know/Refuse to Answer |
| 78 | **Suppose that because of budget cuts the fire station closest to your home was going to be closed down by the city. How likely is it that neighborhood residents would organize to try to do something to keep the fire station open?** | **[ ]** Very Likely**[ ]** Likely**[ ]** Unlikely**[ ]** Very Unlikely**[ ]** Don’t Know/Refuse to Answer |
| 79 | **If a group of neighborhood children were skipping school and hanging out on a street corner, how likely is that your neighbors would do something about it?** | **[ ]** Very Likely**[ ]** Likely**[ ]** Unlikely**[ ]** Very Unlikely* **[ ]** Don’t Know/Refuse to Answer
 |
| 80 | **If some children were spray-painting graffiti on a local building, how likely is it that your neighbors would do something about it?** | **[ ]** Very Likely**[ ]** Likely**[ ]** Unlikely**[ ]** Very Unlikely**[ ]** Don’t Know/Refuse to Answer |
| 81 | **If a child was showing disrespect to an adult, how likely is it that people in your neighborhood would scold that child?** | **[ ]** Very Likely**[ ]** Likely**[ ]** Unlikely**[ ]** Very Unlikely**[ ]** Don’t Know/Refuse to Answer |
| 82 | **People in this neighborhood can be trusted.** | **[ ]**  Strongly Agree**[ ]** Agree**[ ]** Neutral**[ ]** Disagree**[ ]** Strongly disagree**[ ]** Don’t Know/Refuse to Answer |
| 83 | **People in this neighborhood do not share the same values.** | **[ ]**  Strongly Agree**[ ]** Agree**[ ]** Neutral**[ ]** Disagree**[ ]** Strongly disagree**[ ]** Don’t Know/Refuse to Answer |
| 84 | **People in this neighborhood generally don't get along with each other.** | **[ ]**  Strongly Agree**[ ]** Agree**[ ]** Neutral**[ ]** Disagree**[ ]** Strongly disagree**[ ]** Don’t Know/Refuse to Answer |
| 85 | **People around here are willing to help their neighbors.** | **[ ]**  Strongly Agree**[ ]** Agree**[ ]** Neutral**[ ]** Disagree**[ ]** Strongly disagree**[ ]** Don’t Know/Refuse to Answer |
| 86 | **There are sidewalks on most of the streets in my neighborhood. Would you say that you...** | **[ ]**  Strongly Agree**[ ]** Agree**[ ]** Neutral**[ ]** Disagree**[ ]** Strongly disagree**[ ]** Don’t Know/Refuse to Answer |
| 87 | **My neighborhood has several free or low-cost recreation facilities, such as parks, walking trails, bike paths, recreation centers, playgrounds, public swimming pools, etc. Would you say that you...** | **[ ]**  Strongly Agree**[ ]** Agree**[ ]** Neutral**[ ]** Disagree**[ ]** Strongly disagree**[ ]** Don’t Know/Refuse to Answer |
| 88 | **The crime rate in my neighborhood makes it unsafe to go on walks at night. Would you say that you...** | **[ ]**  Strongly Agree**[ ]** Agree**[ ]** Neutral**[ ]** Disagree**[ ]** Strongly disagree**[ ]** Don’t Know/Refuse to Answer |