



PATIENT NAME: \_\_\_\_\_ PATIENT DOB: \_\_\_\_\_  
TODAYS DATE: \_\_\_\_\_

## Social Determinants of Health (SDOH) Questionnaire

Health starts in our homes, schools, workplaces, neighborhoods and communities. We know how the following actions affect our health; seeing a doctor when we are sick, getting recommended tests and screenings, eating well and staying active. Our health is also influenced by social and economic factors; the resources and supports we have available to us, our relationships, and our environment. The questions below are given to all patients. Your answers will help Dr. Compean understand all the factors that affect your health. He wants to make sure all patients have the same opportunities to make choices that lead to good health. Please read the questions below and answer "yes" or "no".

Domain	Question	Response	
<b>Healthcare</b>	In the past month, did poor physical or mental health keep you from doing your usual activities, like work, school or a hobby?	Yes	No
	In the past year, was there a time when you needed to see a doctor but could not because it cost too much?	Yes	No
<b>Food</b>	Do you ever eat less than you feel you should because there is not enough food?	Yes	No
<b>Employment &amp; Income</b>	Do you have a job or other steady source of income?	Yes	No
<b>Housing &amp; Shelter</b>	Are you worried that in the next few months, you may not have safe housing that you own, rent, or share?	Yes	No
<b>Utilities</b>	In the past year, have you had a hard time paying your utility company bills?	Yes	No
<b>Family Care</b>	Do you need help finding or paying for care for loved ones? For example, childcare or daycare for an older adult?	Yes	No
<b>Education</b>	Do you think completing more education or training, like finishing a GED, going to college, or learning a trade, would be helpful for you?	Yes	No
<b>Transportation</b>	Do you have a dependable way to get to work or school and your appointments?	Yes	No
<b>Safety</b>	Do you ever feel unsafe in your home or neighborhood?	Yes	No
<b>Clothing &amp; Household</b>	Do you have enough household supplies? For example, clothing, shoes, blankets, mattresses, diapers, toothpaste, and shampoo.	Yes	No
<b>General</b>	Would you like to receive assistance with any of these needs?	Yes	No
	Are any of your needs urgent?	Yes	No