Form Approved
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# Access, Exchange, and Use of Social Determinants of Health Data in Clinical Notes (SDOH)

## Patients and Care Partners Prescreening Questionnaire (English)

# PRESCREENING QUESTIONNAIRE-Patients and Care Partners (English)

What is your name?
What is your email address?
What is your phone number?
What is your zip code?
What is your date of birth? (terminate if younger than age 18)

What is your race? (can pick more than 1)

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or other Pacific Islander
- Other: _____
- Prefer not to answer

Are you of Hispanic, Latino, or Spanish ethnicity?

- Yes
- No
- Prefer not to answer

What sex were you assigned at birth, on your original birth certificate?

- Female
- Male

How do you describe yourself?

- Female
- Male
- Transgender
- Do not identify as female, male or transgender
- Prefer not to answer

What is your sexual orientation?

- Heterosexual or straight
- Gay or lesbian
- Bisexual
- Prefer not to answer

Do you speak a language other than English at home?

- Yes
- No

[If yes] Do you speak Spanish at home?

Yes
No

Which of the following best describes the location where you live?

Urban
Suburban
Rural

Are you deaf or do you have serious difficulty hearing?

Yes
No

Are you blind or do you have serious difficulty seeing even when wearing glasses?

Yes
No

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

Yes
No

Do you have serious difficulty walking or climbing stairs?

Yes
No

Do you have difficulty dressing or bathing?

Yes
No

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

Do you have two or more chronic health care conditions?

Yes
No

Are you a caregiver of a child below the age of 18?

Yes

No

What was your total household income last year?

A. $0 – $24,999
B. $25,000-$49,999
C. $50,000-$74,999
D. $75,000-$99,999
E. $100,000-124,999
F. $125,000 or more
G. Prefer not to answer

<u>Prescreening Questionnaire-Clinicians/Healthcare Professionals</u>

What is your name?
What is your email address?
What is your phone number?
What is your zip code?

What is your race? (can pick more than 1)

White
Black or African American
American Indian or Alaska Native
Asian
Native Hawaiian or other Pacific Islander
Other: _____
Prefer not to answer

Are you of Hispanic, Latino, or Spanish ethnicity?

Yes
No
Prefer not to answer

How do you describe yourself?

Female
Male
Transgender
Do not identify as female, male or transgender
Prefer not to answer

Are you a physician?

Yes
No

(if yes) In what specialty are you licensed to practice? (can choose more than 1)
Internal medicine/Primary care (adult)
Pediatrics
Emergency medicine
Surgery
Psychiatry
Other: _____

(if no)
Are you a: (can choose more than 1)

Registered nurse
Physician assistant
Advanced practice registered nurse
Licensed social worker
Emergency management technician
Psychologist
Physical therapist
Occupational therapist
Registered dietician nutritionist
Other: _____

Do you have any of the following roles within your organization? (can choose more than 1)

Care or case manager
Discharge planner
Community resource specialist

Which of the following best describes the setting where you provide care? (can choose more than 1)

Academic/Teaching hospital (or affiliated outpatient practice)
Private or Public Community-based hospital (or affiliated outpatient practice)
Public, Safety Net Hospital (or affiliated outpatient practice)
Private practice no hospital affiliation
Federally qualified health center
Community-based social services organization
Community-based behavioral health organization
Emergency services organization

Which of the following best describes the location where you work?
Urban
Suburban

Rural

What is the size of your organization?

- Solo practice or 2 clinician practice
- Small group practice (10 or fewer clinicians)
- Multispecialty practice with more than 10 clinicians
- Other: _____