**Question Changes Resulting from Cognitive and Field Testing**

**PRAMS Social Determinants of Health (SDOH) Supplemental Module**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Q #** | **Version used for cognitive and field testing** | **Version with post-cognitive and field testing edits**  |  |
|  |  |  |  |  |
|  |  |  | **These next questions are about *you*.**  |  |
|  |  |  |  |  |
| **(CMS AHC Health-Related Social Needs Screening Tool Q1)** |  | **What is your living situation today?**  | **What is your living situation today?** **\_Check ONE answer\_** |  |
|  |  |  |  |  |
|  | ⃣  (1) | I have a steady place to live  | I have a steady place to live  |  |
|  | ⃣  (2) | I have a place to live today, but I am worried about losing it in the future | I have a place to live today, but I am worried about losing it in the future |  |
|  | ⃣  (3) | 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) | 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) |  |
|  | --- | --- | --- |  |
|  | ⃣  (8) | --- | --- |  |
|  | ⃣  (9) | --- | --- |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **(BRFSS)** |  | ***During the last* *12 months*, was there a time when you were not able to pay your mortgage, rent or utility bills ?** | ***During the last* *12 months*, was there a time when you were not able to pay your mortgage, rent, or utility bills ?** |  |
|  | ⃣  (1) | No | No -> Go to Question 5 |  |
|  | ⃣  (2) | Yes | Yes |  |
|  | --- | --- | --- |  |
|  | ⃣  (8) | --- | --- |  |
|  | ⃣  (9) | --- | --- |  |
|  |  |  |   |  |
| **(MODIFIED BRFSS Module 45)****Food Insecurity**  |  | **During the past 12 months, how often did the food that you bought not last, and you didn’t have money to get more. Was that…** | **During the *last 12 months*, how often did the food that you bought not last, and you didn’t have money to get more? Was that…** |  |
|  |  |  |  |  |
|  | ⃣  (1) | Always | Always |  |
|  | ⃣  (2) | Usually | Usually |  |
|  | ⃣  (3) | Sometimes | Sometimes |  |
|  | ⃣  (4) | Rarely | Rarely |  |
|  | ⃣  (5) | Never | Never |  |
|  | --- | --- | --- |  |
|  | ⃣  (8) | --- | --- |  |
|  | ⃣  (9) | --- | --- |  |
|  |  |  |   |  |
| **(BRFSS Module 45)** |  | **During the past 12 months how often were you unable to afford to eat balanced meals. Was that….** | **During the *last 12 months*, how often were you unable to afford to eat balanced meals?** A balanced meal includes all the types of food that you think should be in a healthy meal. For example, a starch like potatoes or rice, vegetables or fruit, and some protein like meat, fish, cheese, or eggs**.** |  |
|  |  |  |  |  |
|  | ⃣  (1) | Always | Always |  |
|  | ⃣  (2) | Usually | Usually |  |
|  | ⃣  (3) | Sometimes | Sometimes |  |
|  | ⃣  (4) | Rarely | Rarely |  |
|  | ⃣  (5) | Never | Never |  |
|  | --- | --- | --- |  |
|  | ⃣  (8) | --- | --- |  |
|  | ⃣  (9) | --- | --- |  |
|  |  |  |  |  |
| **(CMS AHC Health-Related Social Needs Screening Tool 5)** **Transportation Insecurity** |  | ***In the ~~past~~ last 12 months*, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?**  | **During the *last 12 months*, has lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?**  |  |
|  |  |  |   |  |
|  | ⃣  (1) | No | No |  |
|  | ⃣  (2) | Yes | Yes |  |
|  | --- | --- | --- |  |
|  | ⃣  (8) | --- | --- |  |
|  | ⃣  (9) | --- | --- |  |
|  |  |  |  |  |
| **(Medical Expenditure Panel Survey)** |  | **In the last 12 months, how often did your doctors, nurse, or other health professionals explain things about your health in a way that was easy to understand?** | **During the *last 12 month*s, how often did your doctors, nurses, or other health providers explain things about your health in a way that was easy to understand?**  |  |
|  |  |  |  |  |
|  | ⃣  (1) | Never | Always |  |
|  | ⃣  (2) | Sometimes  | Usually |  |
|  | ⃣  (3) | Usually | Sometimes |  |
|  | ⃣  (4) | Always | Rarely |  |
|  | ⃣  (5) |  | Never |  |
|  | --- | --- | --- |  |
|  | ⃣  (8) | --- | --- |  |
|  | ⃣  (9) | --- | --- |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **(ZPER 2.0)**  |  | **Since your new baby was born, have you felt that you have needed mental health services such as counseling, medications, or support groups to help with feelings of anxiety, depression, grief, or other issues?** | ***Since your new baby was born*, have you felt that you have needed mental health services such as counseling, medications, or support groups to help with feelings of anxiety, depression, grief, or other issues?** |  |
|  |  |  |  |  |
|  | ⃣  (1) | No **→ Go to Question 13** | No **→ Go to Question 17** |  |
|  | ⃣  (2) | Yes   | Yes   |  |
|  | --- | --- | --- |  |
|  | ⃣  (8) | --- | --- |  |
|  | ⃣  (9) | --- | --- |  |
|  |  |  |  |  |
| **(ZPER 2.0)** |  | **Were you able to get the mental health services that you needed?** | **Were you able to get the mental health services that you needed?** |  |
|  |  |  |  |  |
|  | ⃣  (1) | No  | No  |  |
|  | ⃣  (2) | Yes **→ Go to Question 13** | Yes **→ Go to Question 17** |  |
|  | --- | --- | --- |  |
|  | ⃣  (8) | --- | --- |  |
|  | ⃣  (9) | --- | --- |  |
|  |  |  |   |  |
| **(NSDUH 2019)** |  | **Which of these statements explain why you did not get the mental health treatment or counseling you needed?** | **Which of these statements explains why you did not get the mental health services you needed?** **Check ALL that apply** |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  | You couldn’t afford the cost. | I couldn’t afford the cost |  |
|  |  | Your health insurance does not cover any mental health treatment or counseling.    | My health insurance does not cover any type of mental health treatment or counseling  |  |
|  |  | Your health insurance does not pay enough for mental health treatment or counseling.    | My health insurance does not pay enough for mental health treatment or counseling |  |
|  |  | You did not know where to go to get services.    | I did not know where to go to get services |  |
|  |  | You were concerned that the information you gave the counselor might not be kept confidential.   | I was concerned that the information I gave the counselor might not be kept confidential |  |
|  |  | You didn't want others to find out that you needed treatment. **(NSDUH 2019 ADMT27A)** | I didn’t want others to find out that I needed treatment |  |
|  |  | You were concerned that you might be committed to a psychiatric hospital or might have to take medicine. | I was concerned that I might be committed to a psychiatric hospital  |  |
|  |  | You had no transportation, or treatment was too far away, or the hours were not convenient **(NSDUH 2019 ADMT27A)**  | I was concerned that I might have to take medicine |  |
|  |  | You didn't have time (because of job, childcare, or other commitments) **(NSDUH 2019 ADMT27A)** | I had no transportation, treatment was too far away, or the hours were not convenient |  |
|  |  | Some other reason or reasons.   | I didn't have time (because of job, childcare, or other commitments) |  |
|  |  |  | Some other reason   please tell us: \_\_\_\_\_\_🡪 |  |
|  |  |  |  |  |
| **(YRBS) Discrimination** |  | **During your life, how often have you felt that you were treated badly or unfairly because of your race or ethnicity?** | ***During your life*, how often have you felt that you were treated badly or unfairly because of your race or ethnicity?**  |  |
|  |  |  |  |  |
|  | ⃣  (1) | Never | Always  |  |
|  | ⃣  (2) | Rarely | Usually |  |
|  | ⃣  (3) | Sometimes | Sometimes |  |
|  | ⃣  (4) | Most of the time | Rarely  |  |
|  | ⃣  (5) | Always | Never  |  |
|  | --- | --- | --- |  |
|  | ⃣  (8) | --- | --- |  |
|  | ⃣  (9) | --- | --- |  |
|  |  |  |  |  |
| **(BRFSS)** |  | **How often do you get the social and emotional support you need?** | **During the last 12 months, how often would you say you get the social and emotional support you need?**  |  |
|  |  |  |  |  |
|  | ⃣  (1) | Never | Always |  |
|  | ⃣  (2) | Rarely | Usually |  |
|  | ⃣  (3) | Sometimes | Sometimes |  |
|  | ⃣  (4) | Most of the time | Rarely |  |
|  | ⃣  (5) | Always | Never |  |
|  | --- |  | --- |  |
|  | ⃣  (8) |  | --- |  |
|  | ⃣  (9) |  | --- |  |
|  |  |  |  |  |
| **(BRFSS)** |  | **Stress means a situation in which a person feels tense, restless, nervous, or anxious, or is unable to sleep at night because their mind is troubled all the time. Within the last 30 days, how often have you felt this kind of stress?** | **Stress means a situation in which a person feels tense, restless, nervous, or anxious, or is unable to sleep at night because their mind is troubled all the time.** ***Within the last 30 days*, how often have you felt this kind of stress?** |  |
|  |  |  |  |  |
|  | ⃣  (1) | Never | Always |  |
|  | ⃣  (2) | Rarely | Usually |  |
|  | ⃣  (3) | Sometimes | Sometimes |  |
|  | ⃣  (4) | Most of the time | Rarely |  |
|  | ⃣  (5) | Always | Never |  |
|  | --- |  | --- |  |
|  | ⃣  (8) |  | --- |  |
|  | ⃣  (9) |  | --- |  |
|  |  |  |  |  |