

PRAMS Social Determinants of Health (SDOH) Supplemental Module

PRAMS Social Determinants of Health Supplemental Module: English Web

 Centers for Disease Control and Prevention

South Carolina
MomID: 2022SC264098



These next questions are about you.

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S1. What is your living situation today?

Check ONE answer

- I have a steady place to live
- I have a place to live today, but I am worried about losing it in the future
- 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)

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S2. During the last 12 months, was there a time when you were not able to pay your mortgage, rent, or utility bills?

- No
- Yes

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S3. 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 ...

- Always
- Usually
- Sometimes
- Rarely
- Never

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S4. 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.

- Always
- Usually
- Sometimes
- Rarely
- Never

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Attachment 11b – PRAMS Social Determinants of Health Supplement_English and Spanish Web

← → ↻ prams-stg.cdc.gov/#

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S5. 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?

No

Yes

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S6. During the last 12 months, how often did your doctors, nurses, or other health providers explain things about your health in a way that was easy to understand?

- Always
- Usually
- Sometimes
- Rarely
- Never

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. S7. Since your new baby was born, have you felt that you needed mental health services such as counseling, medications, or support groups to help with feelings of anxiety, depression, grief, or other issues?

- No
- Yes

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S8. Were you able to get the mental health services that you needed?

No

Yes

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S9. Which of these statements explains why you did not get the mental health services you needed?

	No	Yes
I couldn't afford the cost	<input type="radio"/>	<input type="radio"/>
My health insurance does not cover any type of mental health treatment or counseling	<input type="radio"/>	<input type="radio"/>
My health insurance does not pay enough for mental health treatment or counseling	<input type="radio"/>	<input type="radio"/>
I did not know where to go to get services	<input type="radio"/>	<input type="radio"/>
I was concerned that the information I gave the counselor might not be kept confidential	<input type="radio"/>	<input type="radio"/>
I didn't want others to find out that I needed treatment	<input type="radio"/>	<input type="radio"/>
I was concerned that I might be committed to a psychiatric hospital	<input type="radio"/>	<input type="radio"/>
I was concerned that I might have to take medicine	<input type="radio"/>	<input type="radio"/>
I had no transportation, or treatment was too far away, or the hours were not convenient	<input type="radio"/>	<input type="radio"/>
I didn't have time (because of job, childcare, or other commitments)	<input type="radio"/>	<input type="radio"/>
Some other reason	<input type="radio"/>	<input checked="" type="radio"/>

Please tell us:



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S10. During your life, how often have you felt that you were treated badly or unfairly because of your race or ethnicity?

- Always
- Usually
- Sometimes
- Rarely
- Never

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S11. During the last 12 months, how often would you say you get the social and emotional support you need?

- Always
- Usually
- Sometimes
- Rarely
- Never

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S12. 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?

- Always
- Usually
- Sometimes
- Rarely
- Never

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PRAMS Social Determinants of Health Supplemental Module: Spanish Web

The screenshot displays the PRAMS Spanish Web interface. At the top, there is a dark blue header with the CDC logo and the text "Department of Health and Human Services" and "Centers for Disease Control and Prevention". To the right of the header are three icons: an envelope, a telephone, and a share icon.

Below the header, the page shows "South Carolina" and "MomID: 2022SC264096". A progress bar is visible, showing 88% completion. Below the progress bar, a grey box contains the text "Las siguientes preguntas son acerca de usted." (The following questions are about you.).

At the bottom of the main content area, there are two blue buttons: "Anterior" (Previous) and "Siguiete" (Next).

The footer of the page contains the following information:

- Centers for Disease Control and Prevention
1600 Clifton Rd. Atlanta, GA 30333, U.S.A
- Department of Health and Human Services
[Vulnerability Disclosure Policy | Español](#)

The bottom of the screenshot shows a mobile device status bar with the date "Oct 3", time "10:33", and various system icons.



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S1. ¿Cuál es su situación de vivienda hoy?




Marque UNA respuesta

- Tengo un lugar estable para vivir
- Tengo un lugar para vivir hoy, pero me preocupa perderlo en el futuro
- No tengo un lugar estable para vivir (me estoy quedando por un tiempo con otras personas, en un hotel, en un refugio, viviendo afuera en la calle, en una playa, en un automóvil, en un edificio abandonado, en una estación de autobús o de tren, o en un parque)


Anterior

Siguiente

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S2. Durante los últimos 12 meses, ¿hubo algún momento en el que no pudo pagar su hipoteca, renta, alquiler o las facturas de servicios?

No

Sí

Anterior

Siguiente



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S3. Durante los últimos 12 meses, ¿con qué frecuencia no duraban los alimentos que compraba y no tuvo dinero para comprar más? Ha sido ...

- Siempre
- Usualmente
- A veces
- Rara vez
- Nunca

Anterior

Siguiente





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S4. Durante los últimos 12 meses, ¿con qué frecuencia no pudo comer comidas balanceadas porque era muy costoso? Una comida balanceada incluye todos los tipos de alimentos que usted cree que deberían ser parte de una comida saludable. Por ejemplo, alimentos con almidón como papas o arroz, vegetales o frutas y alguna proteína como carne, pescado, queso o huevos.

- Siempre
- Usualmente
- A veces
- Rara vez
- Nunca

Anterior

Siguiente



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S5. Durante los últimos 12 meses, ¿el no tener un modo de transportación con el que usted pudiera contar le ha impedido ir a citas médicas, reuniones, el trabajo o conseguir las cosas necesarias para la vida diaria?

- No
- Sí

Anterior

Siguiente



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S6. Durante los últimos 12 meses, ¿con qué frecuencia su doctor, enfermera u otros profesionales de la salud le han explicado cosas sobre su salud en una manera fácil de entender?

- Siempre
- Usualmente
- A veces
- Rara vez
- Nunca

Anterior

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S7. Desde que nació su nuevo bebé, ¿ha sentido que ha necesitado servicios de salud mental como consejería, medicamentos o grupos de apoyo para ayudarle con sus sentimientos de ansiedad, depresión, dolor u otros problemas?

- No
- Sí

Anterior

Siguiente

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S8. ¿Ha podido obtener los servicios de salud mental que necesitaba?

No

Sí

Anterior

Siguiente

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S9. ¿Cuál de estas afirmaciones explica por qué no recibió los servicios de salud mental que necesitaba?

	No	Sí
No podía pagar lo que costaba	<input type="radio"/>	<input type="radio"/>
Mi seguro médico no cubre los tratamientos o la consejería de salud mental	<input type="radio"/>	<input type="radio"/>
Mi seguro médico no paga lo suficiente por el tratamiento o la consejería de salud mental	<input type="radio"/>	<input type="radio"/>
No sabía a donde ir para obtener servicios	<input type="radio"/>	<input type="radio"/>
Me preocupaba que la información que le daría al consejero no se mantuviera confidencial	<input type="radio"/>	<input type="radio"/>
No quería que otros supieran que necesitaba tratamiento	<input type="radio"/>	<input type="radio"/>
Me preocupaba que me internaran en un hospital psiquiátrico	<input type="radio"/>	<input type="radio"/>
Me preocupaba que tuviera que tomar medicamentos	<input type="radio"/>	<input type="radio"/>
No tenía transporte, el tratamiento estaba demasiado lejos o el horario no era conveniente	<input type="radio"/>	<input type="radio"/>
No tenía tiempo (por el trabajo, cuidado de niños u otros compromisos)	<input type="radio"/>	<input type="radio"/>
Otra razón	<input type="radio"/>	<input checked="" type="radio"/>

Por favor, escribala:





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S10. A través de su vida, ¿con qué frecuencia ha sentido que ha sido tratada mal o injustamente por su raza u origen étnico?

- Siempre
- Usualmente
- A veces
- Rara vez
- Nunca

Anterior

Siguiente





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S11. Durante los últimos 12 meses, ¿con qué frecuencia diría usted que obtuvo el apoyo social y emocional que necesitaba?

- Siempre
- Usualmente
- A veces
- Rara vez
- Nunca




Anterior

Siguiente





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S12. El estrés es una situación en donde una persona se siente tensa, inquieta, nerviosa o ansiosa, o no puede dormir por la noche porque su mente está preocupada todo el tiempo.

En los últimos 30 días, ¿con qué frecuencia ha sentido este tipo de estrés?

- Siempre
- Usualmente
- A veces
- Rara vez
- Nunca

[Anterior](#) [Siguiente](#)