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

Form Approved
OMB No. 0920-1273
Exp. Date xx/xx/xxx

PRAMS Social Determinants of Health (SDOH) Supplemental Module

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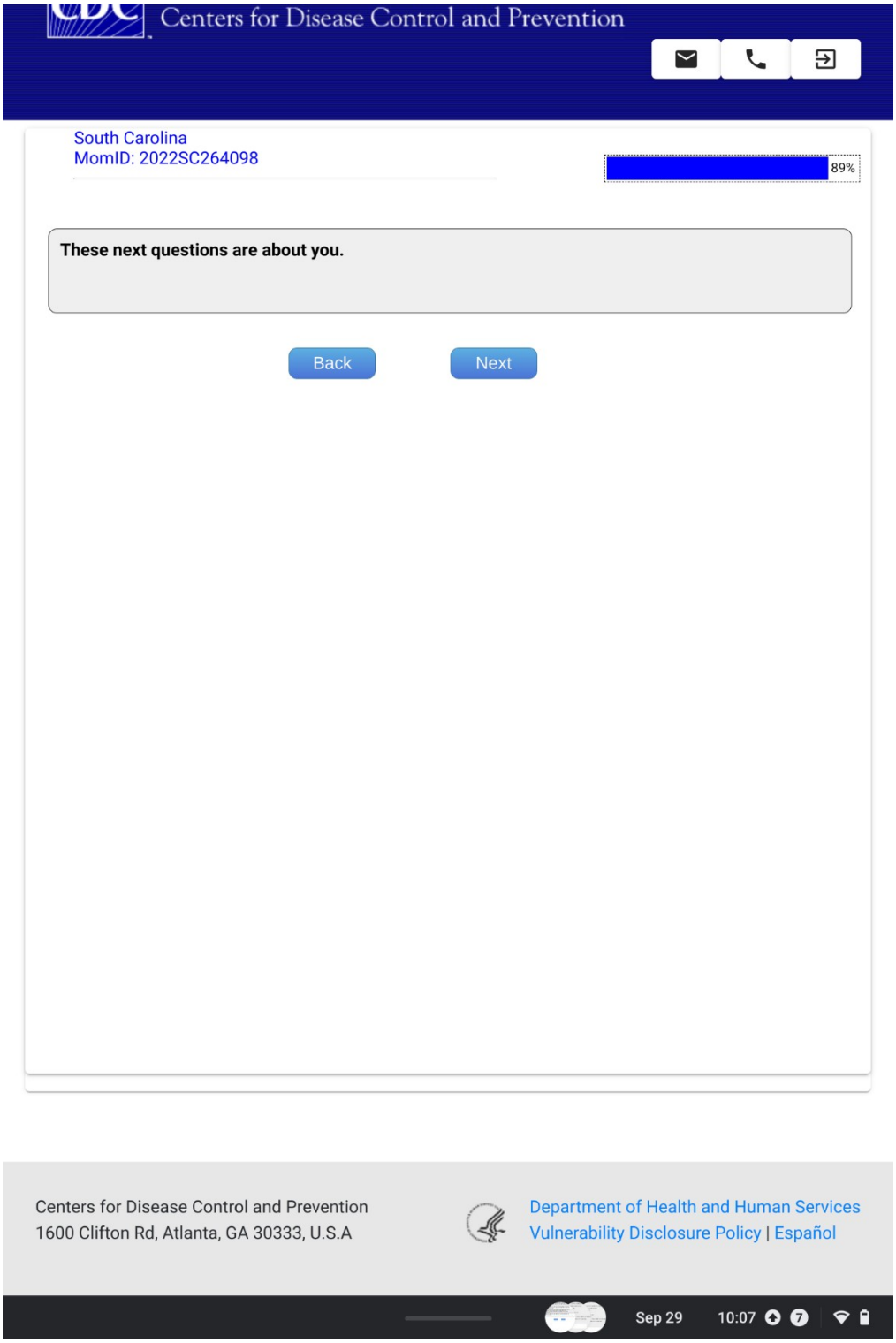
PRAMS Social Determinants of Health Supplemental Module: English Web



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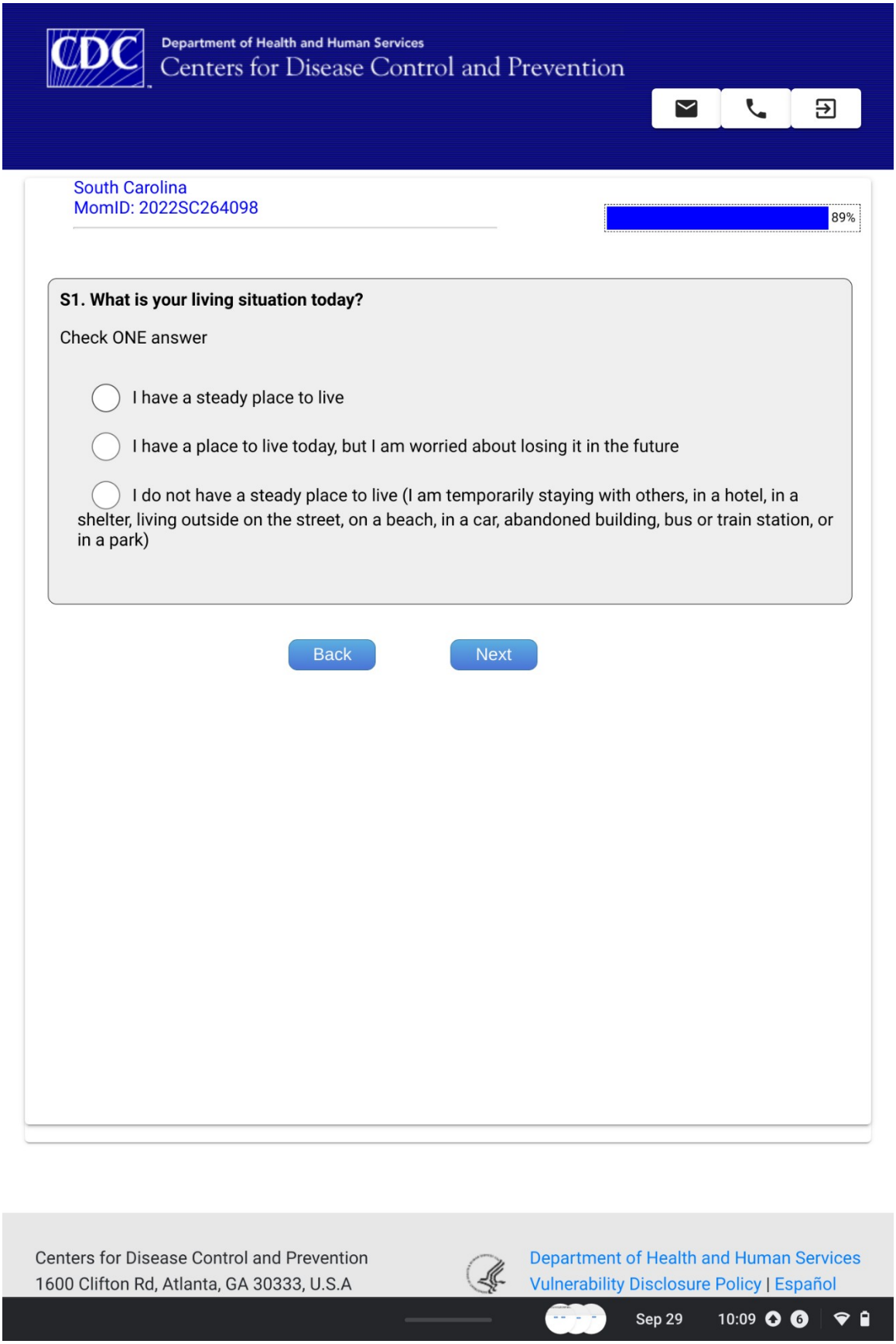

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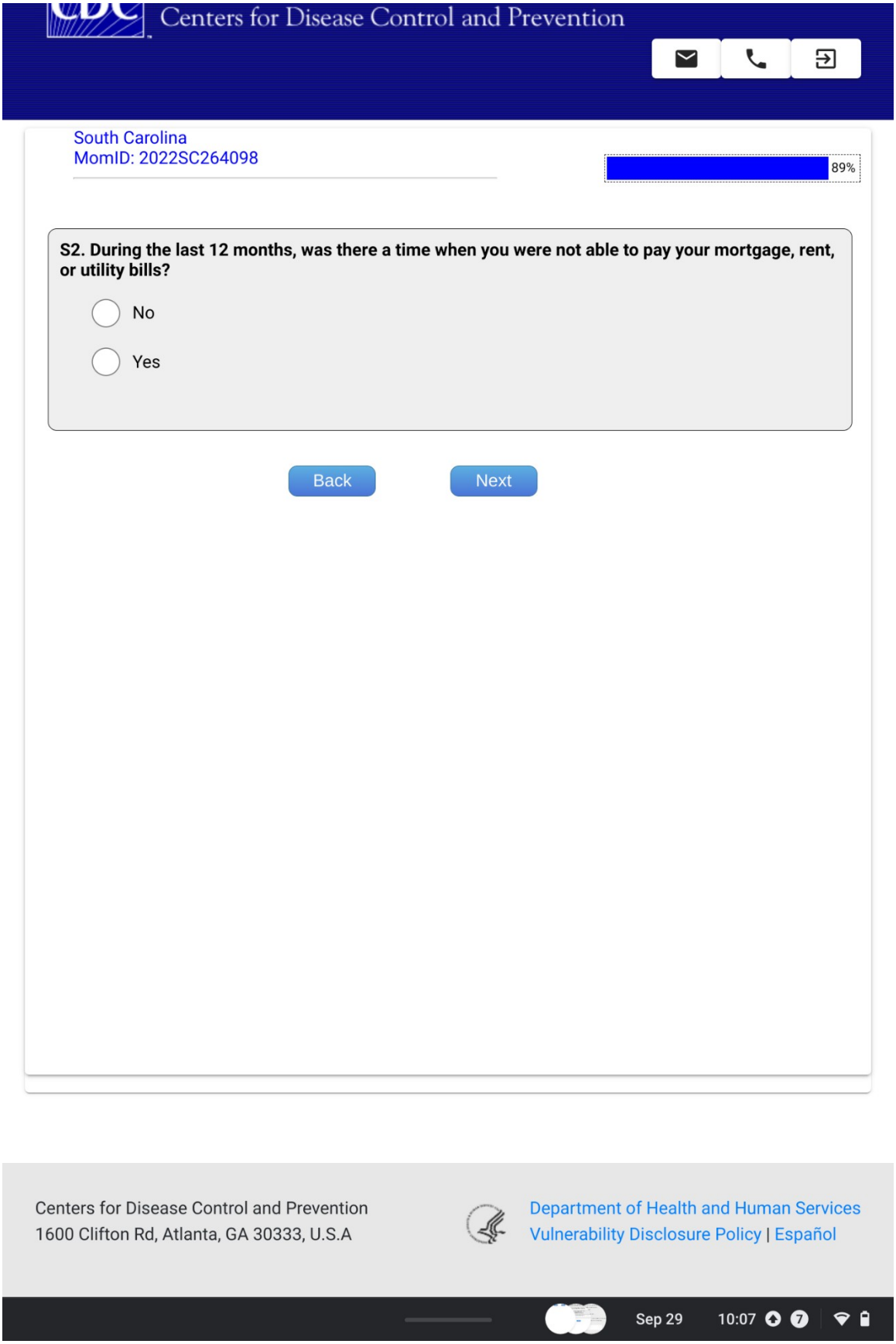

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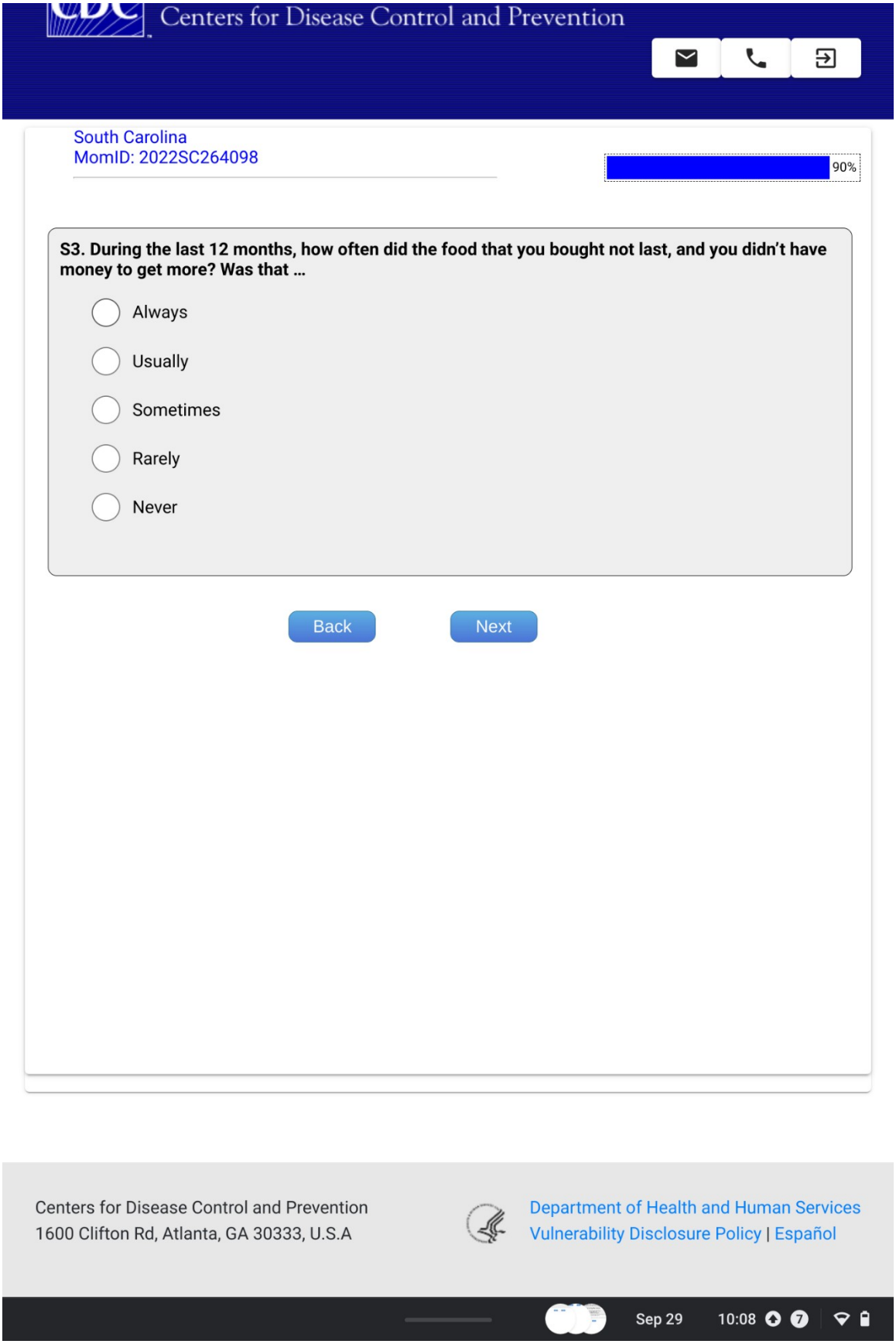

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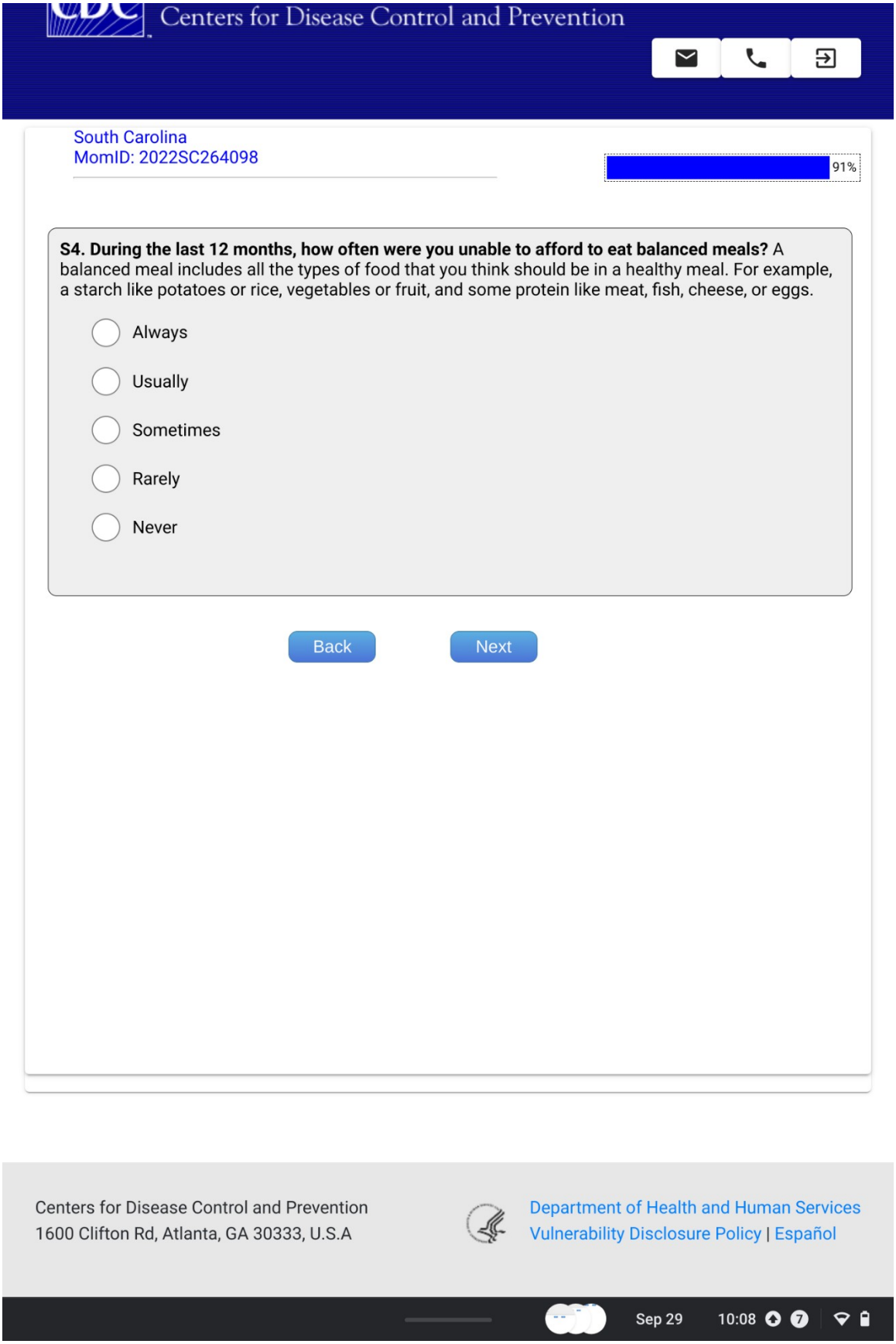

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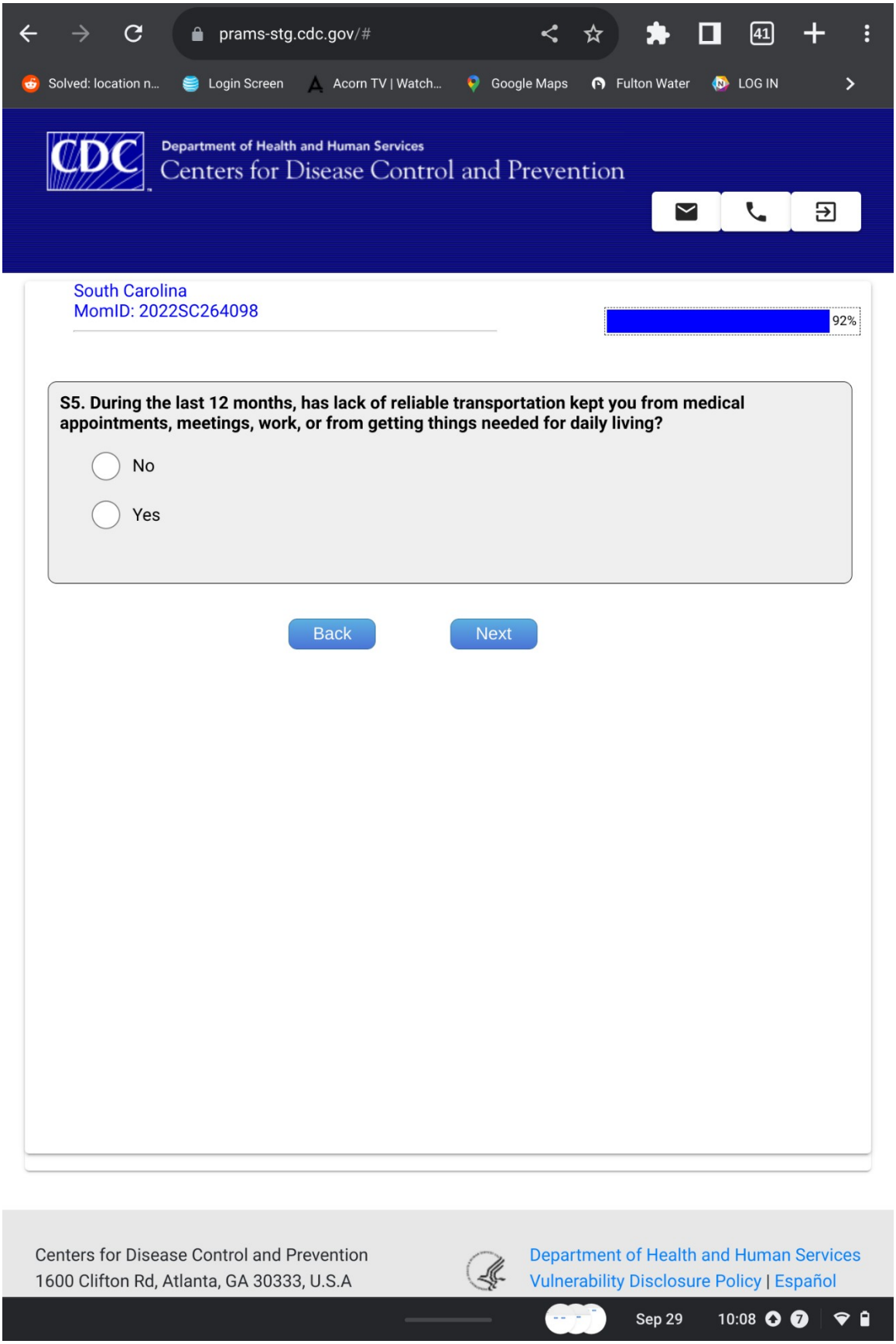

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93%

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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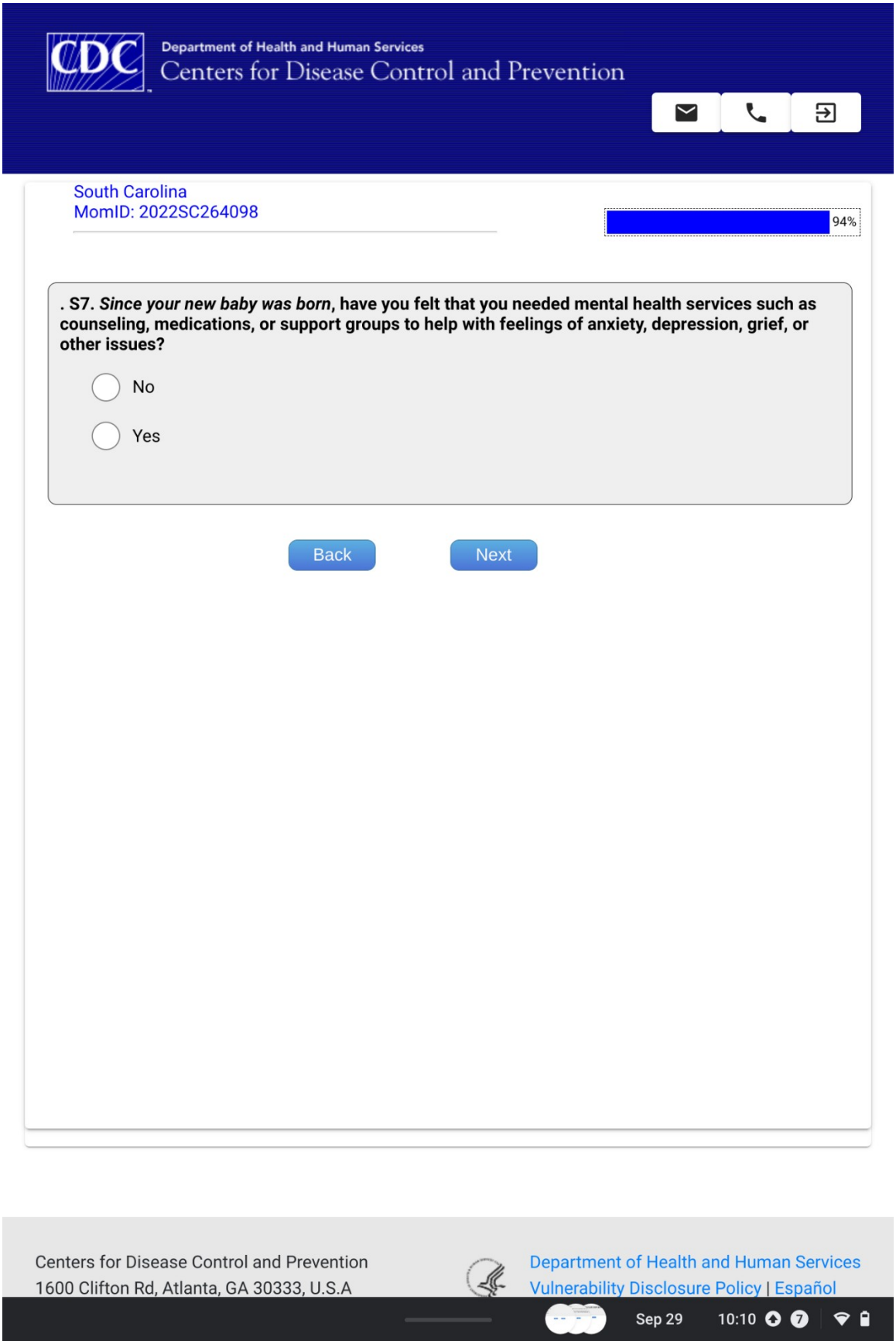

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S8. Were you able to get the mental health services that you needed?

- ○ No
- ○ Yes

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95%

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

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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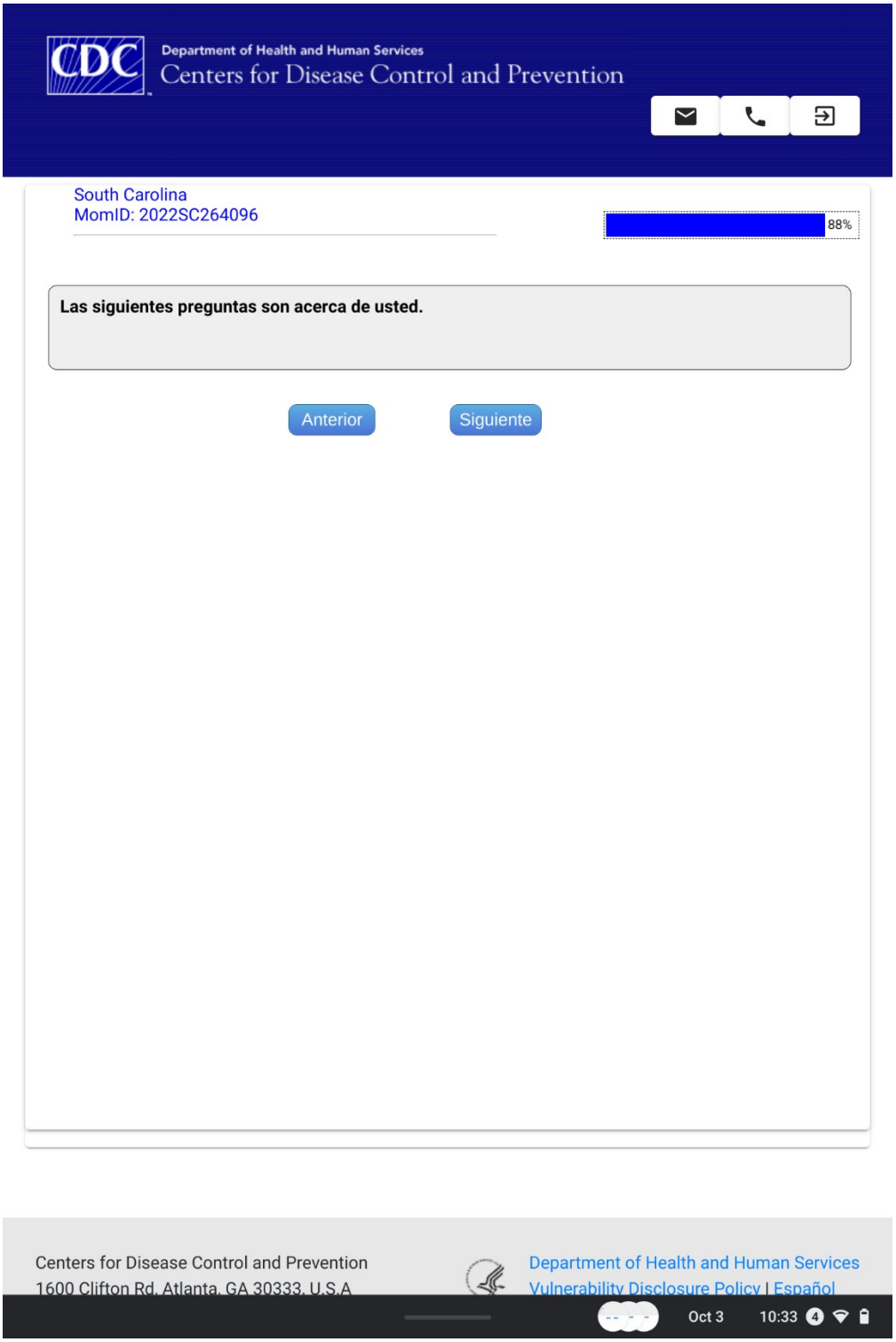

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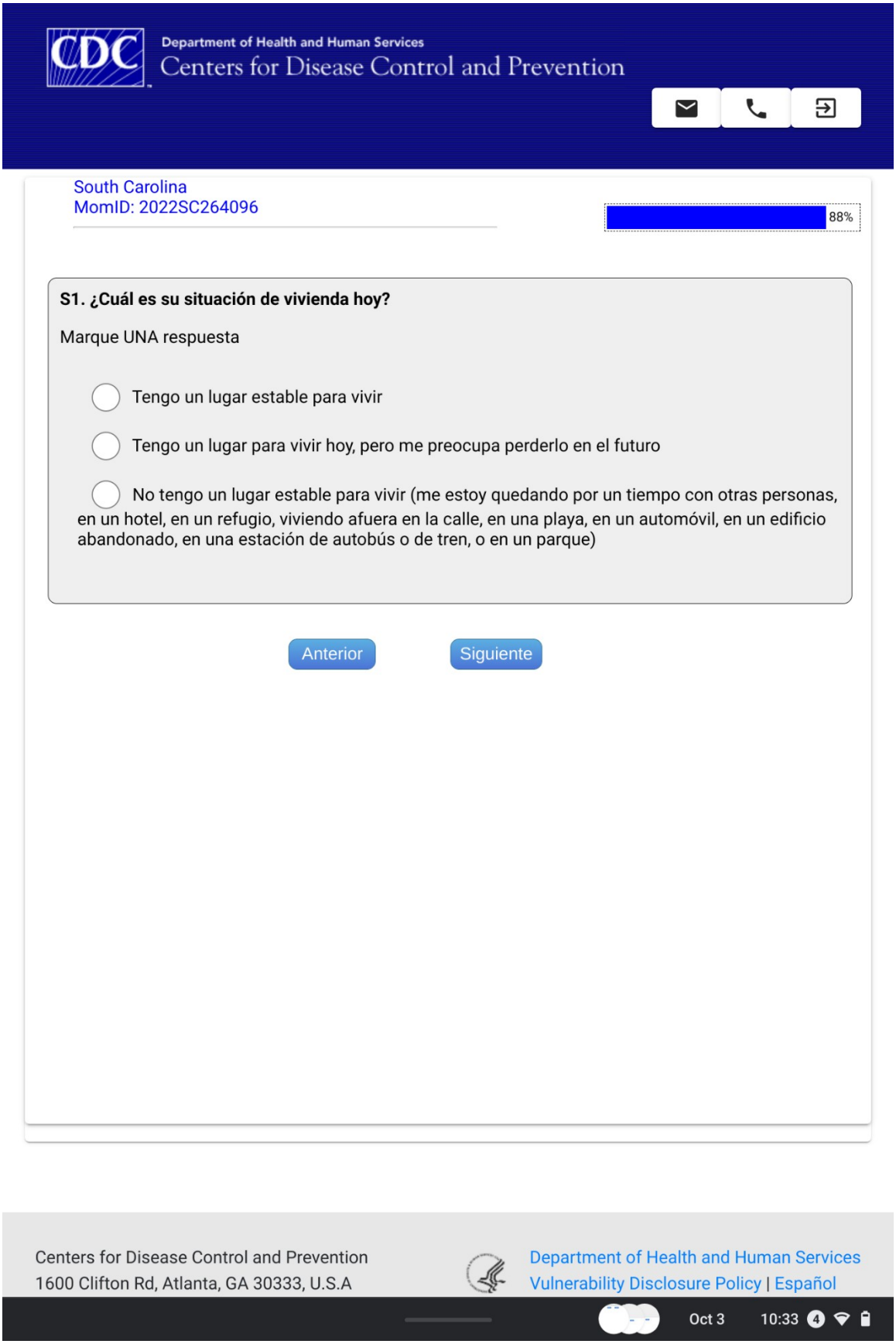

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89%

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

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90%

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

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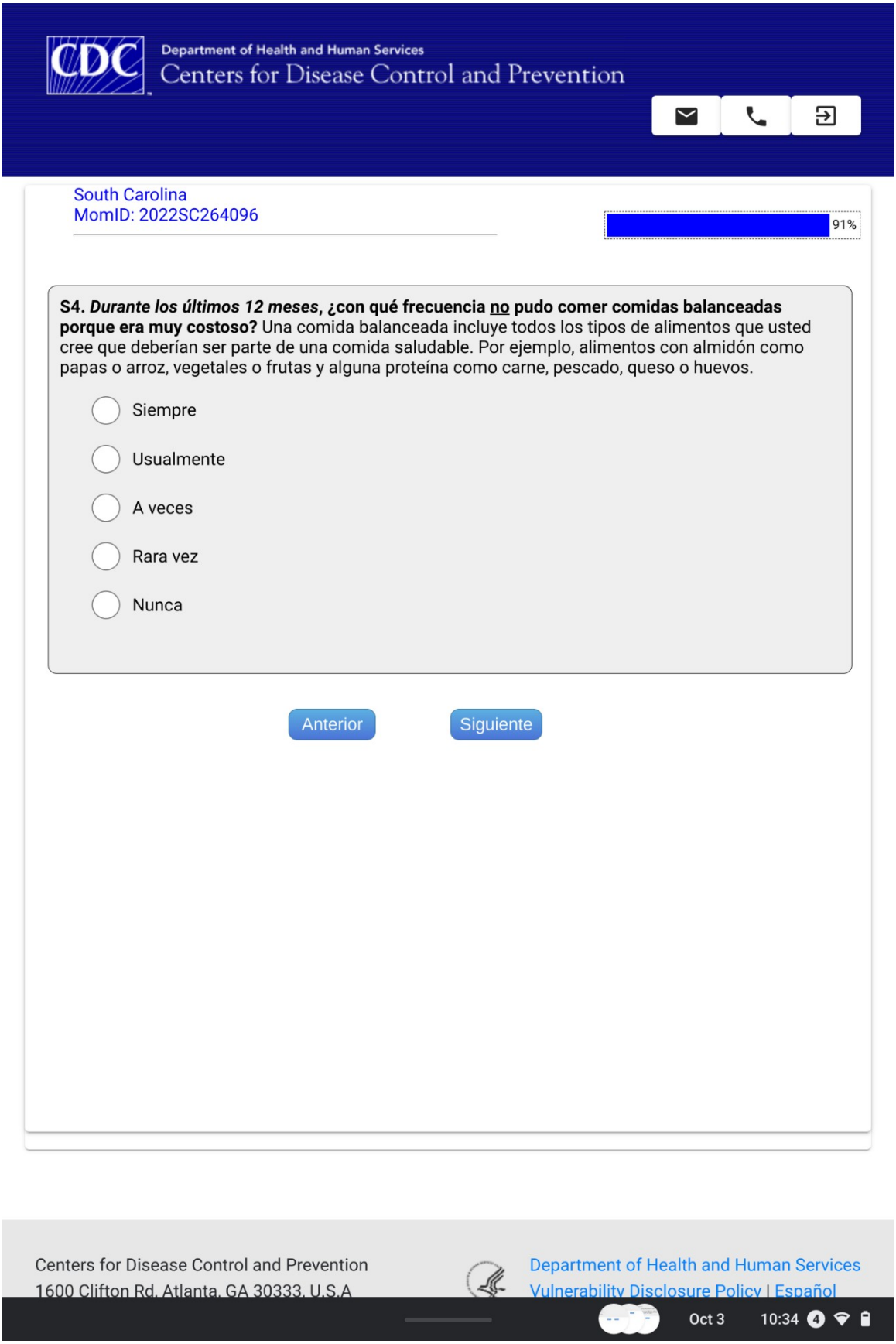

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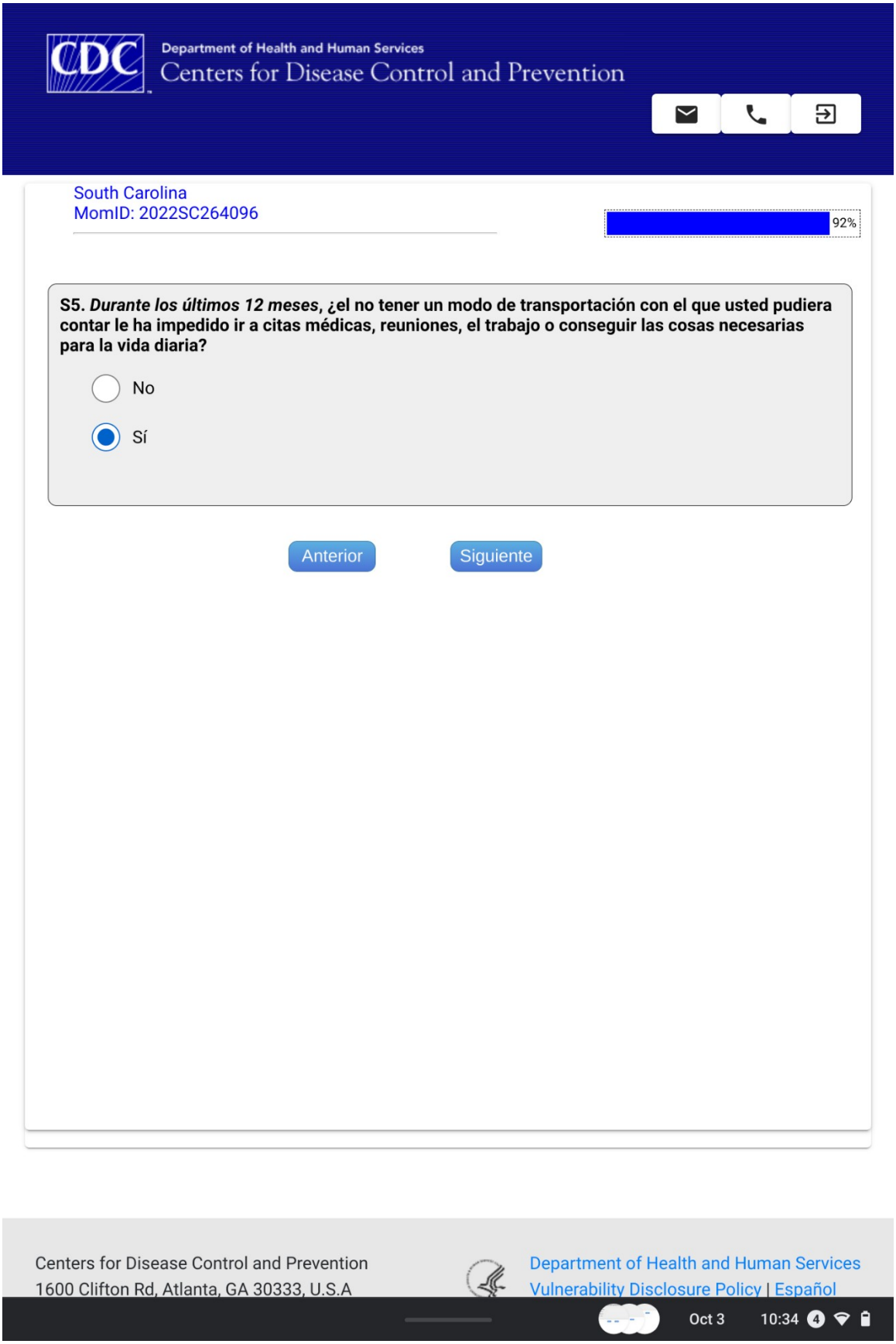

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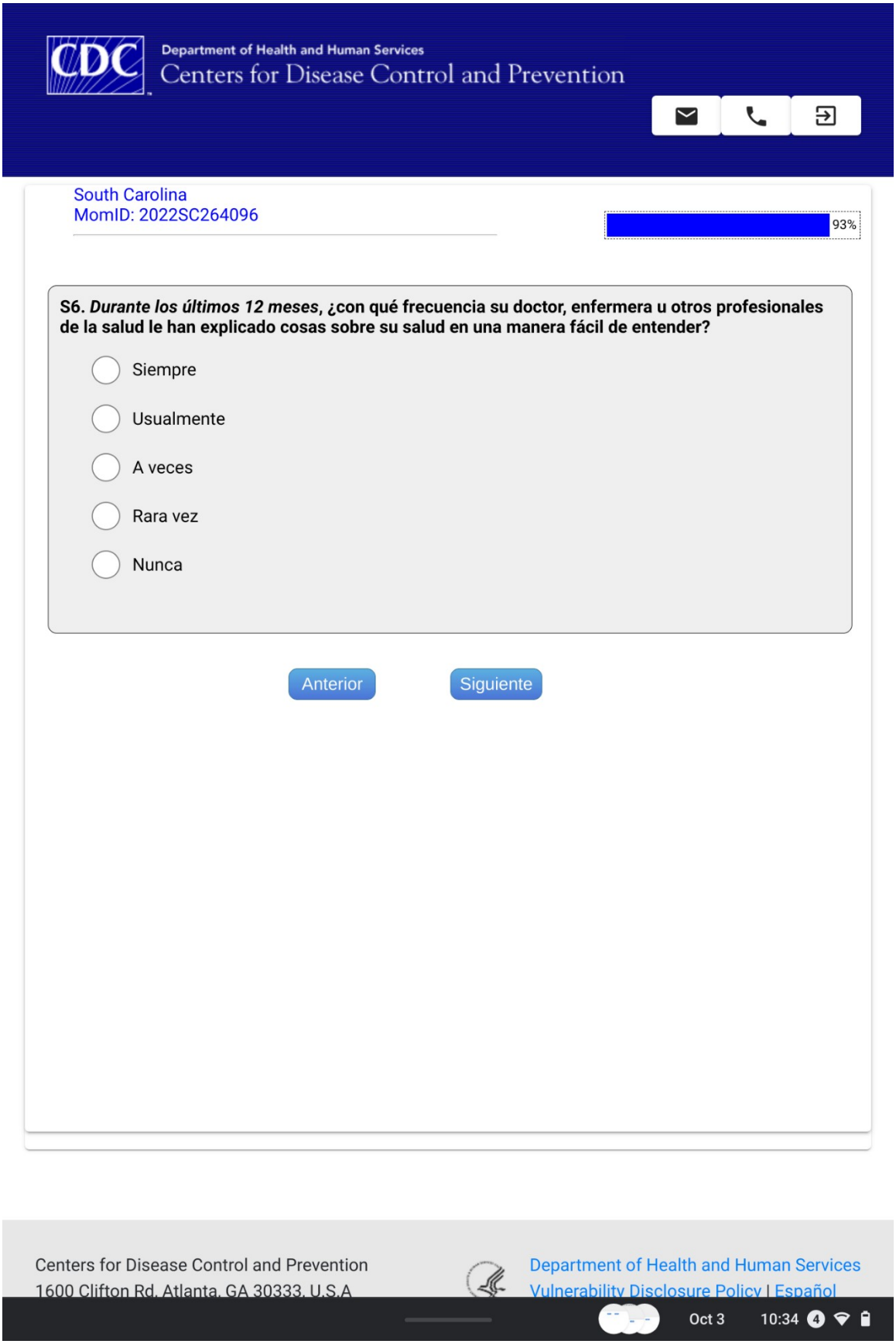

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93%

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

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

- ○ No
- ○ Sí

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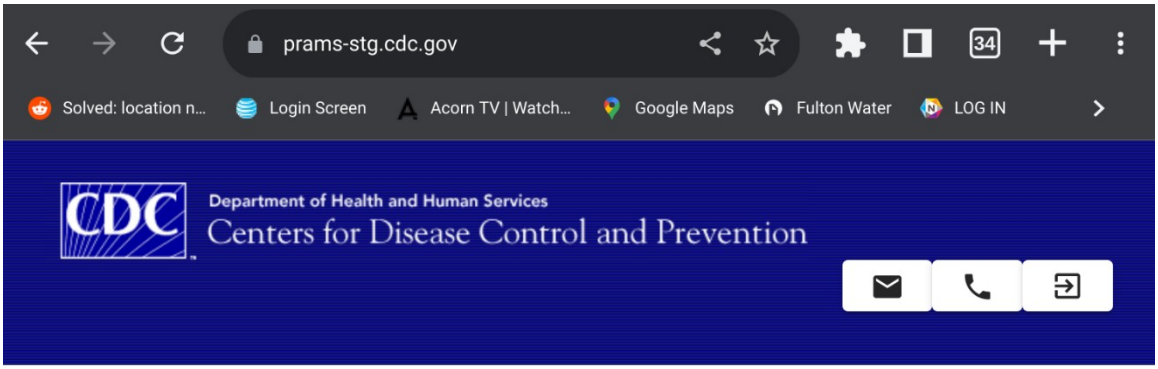
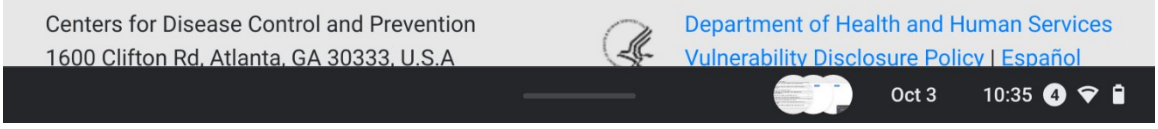


S9. ¿Cuál de estas afirmaciones explica por qué no recibió los servicios de salud mental que necesitaba?

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

Por favor, escríbala:



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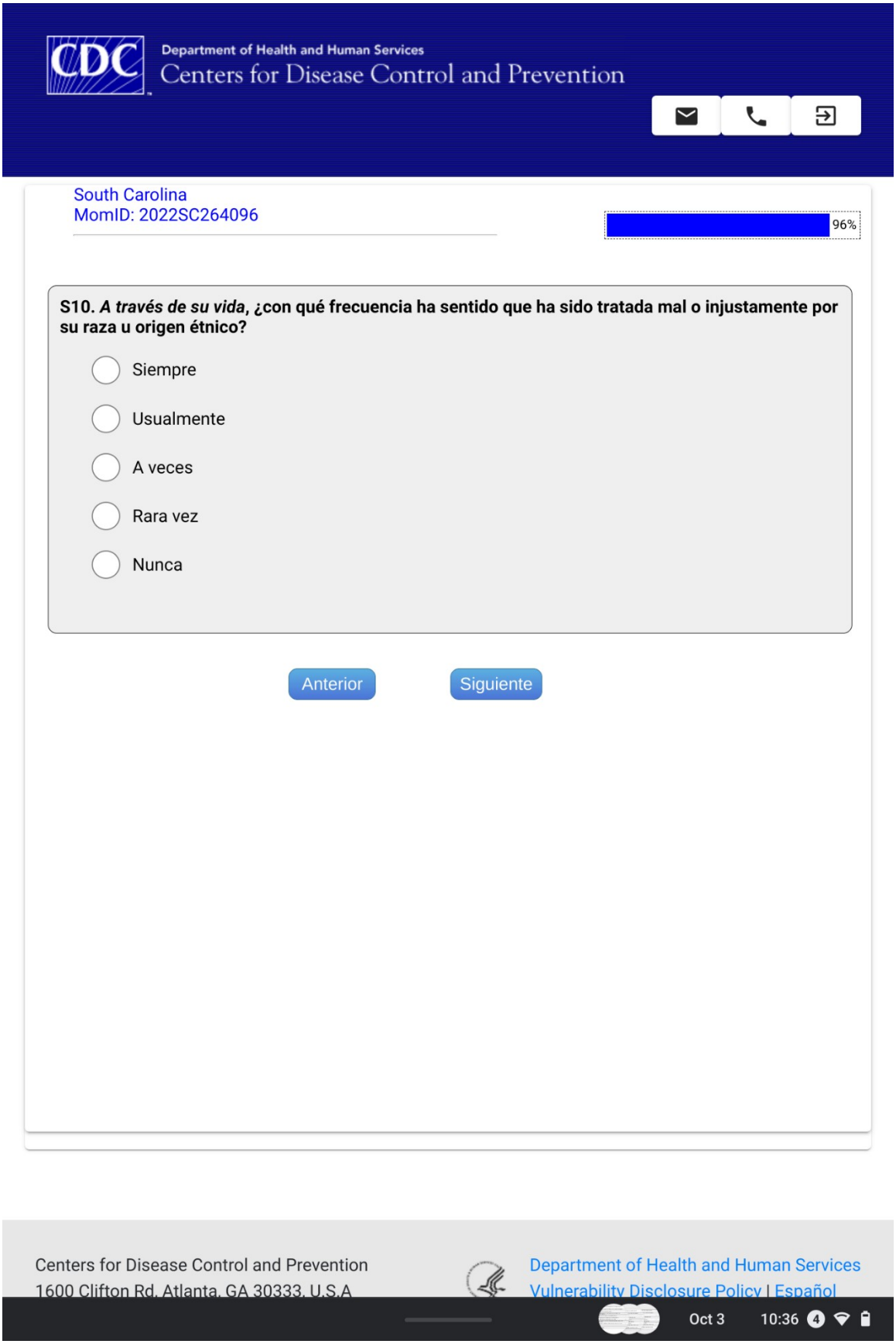

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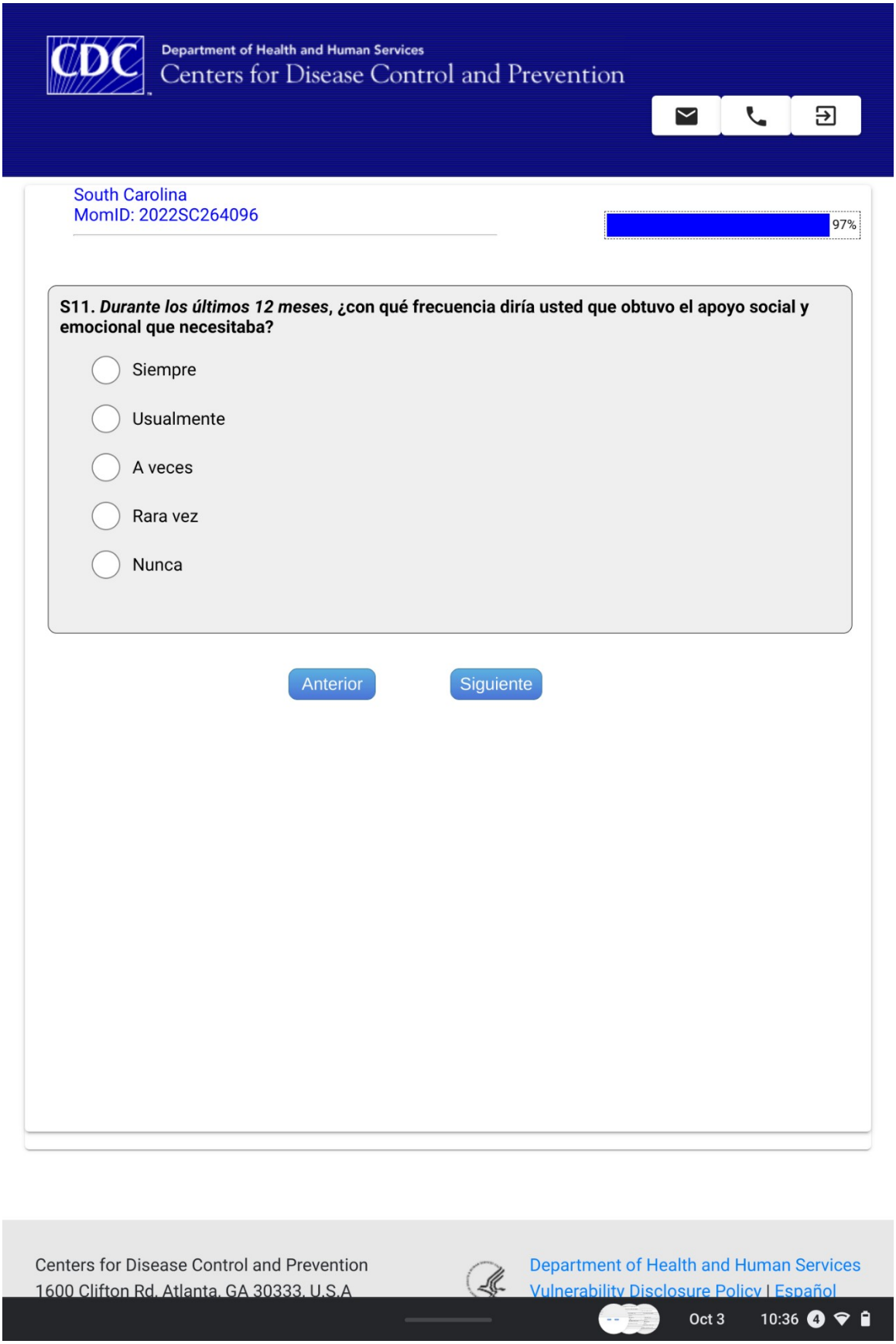

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S12. El estrés es una situación en donde una persona se siente tensa, inquieta, nerviosa o ansiosa, o no puede dormir por la noche porque su mente está preocupada todo el tiempo.

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

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

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