

## **BRICS NINR Social Determinants of Health**

*BRICS NINR Social Determinants of Health: "The social determinants of health are the conditions in which people are born, grow, live, work and age." World Health Organization (WHO). Social determinants of health. Retrieved from: [http://www.who.int/social\\_determinants/sdh\\_definition/en/](http://www.who.int/social_determinants/sdh_definition/en/)*

### **Main**

*Global Unique Identifier	<input type="text"/>
Participant or subject identification number	<input type="text"/>
Age in years	<input type="text"/>
Vital status on discharge	<input type="radio"/> Alive <input type="radio"/> Dead <input type="radio"/> Unknown
Visit Date	<input type="text"/> Format: YYYY-MM-DD HH:MM
Site Name	<input type="text"/>
Days since baseline	<input type="text"/>
Is the subject in the case or control arm of the study?	<input type="radio"/> Case <input type="radio"/> Control <input type="radio"/> Unknown
Use this field to capture additional information	<input type="text"/>

Context to which the questions were answered (such as baseline visit)

- Baseline
- Follow-up 1
- Follow-up 2
- Follow-up 3
- Follow-up 4
- Follow-up 5
- Other, specify

Specify the other context to which the questions were answered.

Indicate how the medical/family history information was obtained

- Brother
- Chart/Medical record
- Daughter
- Family, specify relation
- Father
- Friend
- Mother
- Participant/subject
- Physician
- Sister
- Son
- Unknown
- Other, specify

Other, specify

What is the ISO 639 code for the language the form/instrument has been administrated?

- Chinese
- Czech
- Danish
- Dutch
- English
- Finnish
- French
- German
- Greek
- Hebrew
- Hindi
- Hungarian
- Iranian languages
- Italian
- Japanese
- Norwegian
- Portuguese
- Russian
- Sign language
- Spanish

V I E W M O D E

Vietnamese

Other specify

Other, specify

# VIEW MODE

Financial Resource Strain

1. How hard is it for you to pay for the very basics like food, housing, medical care, and heating

- Very hard
- Hard
- Somewhat hard
- Not very hard

# VIEW MODE

Stress

1. Do you feel stress - tense, restless, nervous, or anxious, or unable to sleep at night because your mind is troubled all the time - these days

- Not at all
- Only a little
- To some extent
- Rather much
- Very much

# VIEW MODE

Depression

1. Over the last 2 weeks how often have you been bothered by having little interest or pleasure in doing things?

- Not at all
- Several days
- More than half the days
- Nearly every day

2. Over the last 2 weeks how often have you been bothered by feeling down depressed or hopeless?

- Not at all
- Several days
- More than half the days
- Nearly every day

3. PHQ2 Total score

1. In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational activities?

2. On average, how many minutes do you engage in exercise at this level?
- 0
  - 10
  - 20
  - 30
  - 40
  - 50
  - 60
  - 90
  - 120
  - greater than 150

3. Physical activity score

4. Moderate to vigorous activity category
- Inactive (0 median minutes of moderate to strenuous exercise perweek)
  - Insufficiently active (more than 0 but less than 149 median minutes of exercise per week)
  - Sufficiently active (150 median minutes or more of exercise per week).

# VIEW MODE

Tobacco Use

1. Have you smoked at least 100 cigarettes in your entire life?	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown
2. Do you now smoke cigarettes every day, some days or not at all?	<input type="radio"/> Every day <input type="radio"/> Some days <input type="radio"/> Not at all
3. Smoker category	<input type="radio"/> Former smoker <input type="radio"/> Never smoker <input type="radio"/> Smoker, current status unknown



(Please note: If the option "Never" is chosen, please move to the next group (Social Connection or Isolation))

- Never
- Monthly or less
- 2-4 times a month
- 2-3 times a week
- 4 or more times a week

1. How often do you have a drink containing alcohol?

2. How many drinks containing alcohol do you have on a typical day when you are drinking?

- 1 or 2
- 3 or 4
- 5 or 6
- 7 to 9
- 10 or more

3. How often do you have six or more drinks on one occasion?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

4. AUDIT C Total Score

# VIEW MODE

Social Connection or Isolation

1. In a typical week, how many times do you talk on the telephone with family, friends, or neighbors?	<input type="text"/>
2. In a typical week, how often do you get together with friends or relatives?	<input type="text"/>
3. In a typical year, how often do you attend church or religious services?	<input type="text"/>
4. Do you belong to any clubs or organizations such as church groups unions, fraternal or athletic groups, or school groups?	<input type="radio"/> No <input type="radio"/> Yes
5. Marital partner status	<input type="radio"/> Divorced <input type="radio"/> Domestic partnership <input type="radio"/> Married <input type="radio"/> Never married <input type="radio"/> Separated <input type="radio"/> Widowed
6. Score for the marital or partner status chosen	<input type="radio"/> Divorced, Never Married, Separated or Widowed <input type="radio"/> Married or Domestic Partnership
7. Score for questions 1 and 2	<input type="radio"/> combined total is less than 3 <input type="radio"/> combined total is 3 or greater
8. Score for question 3	<input type="radio"/> less than 4 <input type="radio"/> 4 or greater
9. Score for questions 4	<input type="radio"/> No <input type="radio"/> Yes
10. Total Score	<input type="text"/>
11. Social connection score interpretation	<input type="radio"/> 0 or 1 (Social Isolation or low social connection) <input type="radio"/> 2 (Medium social connection) <input type="radio"/> 3 (Medium-high social connection) <input type="radio"/> 4 (High social connection)

1. How safe do you feel in your daily life?

- Not at all
- Slightly
- A moderate amount
- Very much
- Extremely

# VIEW MODE

Family income range

1. What is the range, in U.S. dollars, of annual pre-tax, pre-deduction total income, of the subject household?

- Under \$15,000
- \$15,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 and over
- Refused
- Unknown

<p>HH3. The first statement is, "The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more." Was that often, sometimes, or never true for (you/your household) in the last 12 months?</p>	<p> <input type="radio"/> Don't Know or Refused  <input type="radio"/> Never true  <input type="radio"/> Often true  <input type="radio"/> Sometimes true         </p>
<p>HH4. "(I/we) couldn't afford to eat balanced meals" Was that often, sometimes, or never true for (you/your household) in the last 12 months?</p>	<p> <input type="radio"/> Don't Know or Refused  <input type="radio"/> Never true  <input type="radio"/> Often true  <input type="radio"/> Sometimes true         </p>
<p>AD1. In the last 12 months, since last (name of current month), did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food? If No or Don't Know are chosen Skip AD1a.</p>	<p> <input type="radio"/> Don't Know  <input type="radio"/> No  <input type="radio"/> Yes         </p>
<p>AD1a. [If yes, above, ask] how often did this happen - almost every month, some months, but every month, or in only 1 or 2 months?</p>	<p> <input type="radio"/> Almost every month  <input type="radio"/> Don't Know  <input type="radio"/> Only 1 or 2 months  <input type="radio"/> Some months but not every month         </p>
<p>AD2. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?</p>	<p> <input type="radio"/> Don't Know  <input type="radio"/> No  <input type="radio"/> Yes         </p>
<p>AD3. In the last 12 months, were you ever hungry but didn't eat because there wasn't enough money for food?</p>	<p> <input type="radio"/> Don't Know  <input type="radio"/> No  <input type="radio"/> Yes         </p>
<p>Food Security Raw Score</p>	<input type="text"/>
<p>Food Security Status Category</p>	<p> <input type="radio"/> High or marginal food security (0-1)  <input type="radio"/> Low food security (2-4)  <input type="radio"/> Very low security (5-6)         </p>
<p>Food Security Scale Score</p>	<p> <input type="radio"/> 2.86  <input type="radio"/> 4.19  <input type="radio"/> 5.27  <input type="radio"/> 6.30  <input type="radio"/> 7.54  <input type="radio"/> 8.48  <input type="radio"/> NA         </p>

In what type of housing are you currently living?

- Apartment
- Dormitory
- Homeless
- Multifamily House
- Other, specify
- Shelter
- Single Family House

If "Other, specify" selected, please specify.

Do you have reliable transportation for medical visits?	<input type="radio"/> No <input type="radio"/> Not Answered <input type="radio"/> Yes
How do you normally get to your appointments?	<input type="checkbox"/> Other, Specify <input type="checkbox"/> Personal car <input type="checkbox"/> Public Transportation <input type="checkbox"/> Ride from a friend/family <input type="checkbox"/> Walking
If "Other, Specify" selected, please specify.	<input type="text"/>
Is transportation often a reason for missing an appointment?	<input type="radio"/> No <input type="radio"/> Yes
Any other comments/concerns?	<input type="text"/>

Do you have health insurance?

- No
- Not Answered
- Not Sure
- Yes

What type of insurance do you currently have that provides coverage for your medical, surgical, or hospital care?

- Employer-sponsored disability insurance
- Medicaid
- Medicare
- National Health Insurance
- No Insurance/Self-pay
- Other, specify
- Private or group health insurance
- Unknown
- Veterans Affairs/Military

If "Other, specify" selected please specify.