



Rutland Regional Medical Center

An Affiliate of Rutland Regional Health Services

160 Allen Street
Rutland, VT 05701
802.775.7111

Social Determinant Screening

PERCEPTION OF HEALTH							
Would you say that, in general, your health is:	Excellent	Very good	Good	Fair	Poor		
WOMEN'S HEALTH ONLY							
Would you like to become pregnant in the next year?	N/A	Yes	I'm okay either way	No	I don't know		
EMOTIONAL HEALTH							
Over the past 2 weeks, how often have you been bothered by any of the following problems?							
Little interest or pleasure in doing things?	Not at all	Several days	More than half the days	Nearly every day			
Feeling down, depressed, or hopeless?	Not at all	Several days	More than half the days	Nearly every day			
In the past month, have you wished you were dead or wished you could go to sleep and not wake up?	Past month, Yes		Past month, No				
In the past month, have you had actual thoughts of killing yourself?	Past month, Yes		Past month, No				
SUBSTANCE ABUSE TREATMENT							
Do you use tobacco products?	Yes		Sometimes		No		
A drink means one beer (12oz), one small glass of wine (5oz), or one mixed drink containing one shot (1.5oz) of spirits.							
How often do you have a drink containing alcohol?	Never	Less than monthly	Monthly	Weekly	2-3 times/wk	4-6 times/wk	Daily
How many drinks containing alcohol do you have on a typical day you are drinking?	1 drink	2 drinks	3 drinks	4 drinks	5-6 drinks	7-8 drinks	10 or more drinks
How often do you have 4 or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	2-3 times/wk	4-6 times/wk	Daily
How often have you used marijuana in the past year? (including smoking, vaping, dabbing, or edibles)	Never	Monthly or less	Several days per month	Weekly	2-4 days/wk	5-7 days/wk	
How often in the past year have you used prescription medications that were not prescribed to you?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week		

How often in the past year have you taken your own prescription medication more than the way it was prescribed or for different reasons than its intended purpose?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week
How often in the past year have you used other drugs? (for example: heroin, cocaine, salvia, inhalants)	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week

VIOLENCE

How often does anyone, including family, physically hurt you?	Never	Rarely	Sometimes	Fairly often	Frequently
How often does anyone, including family, insult or talk down to you?	Never	Rarely	Sometimes	Fairly often	Frequently
How often does anyone, including family, threaten you with harm?	Never	Rarely	Sometimes	Fairly often	Frequently
How often does anyone, including family, scream or curse at you?	Never	Rarely	Sometimes	Fairly often	Frequently

FOOD SECURITY

Within the past 12 months, you worried that your food would run out before you got money to buy more.	Often true	Somewhat true	Never true
Within the past 12 months, the food you bought just didn't last and you didn't have money to buy more.	Often true	Somewhat true	Never true

HOUSING STABILITY

What is your housing situation today?	I do not have housing	I have housing today, but am worried about losing housing in the future	I have housing										
	<p>"I do not have housing" can include:</p> <table border="0"> <tr> <td>Staying with others</td> <td>In a car</td> </tr> <tr> <td>In a hotel</td> <td>In an abandoned building</td> </tr> <tr> <td>In a shelter</td> <td>Bus or train station</td> </tr> <tr> <td>Outside on the street</td> <td>In a park</td> </tr> <tr> <td>On the beach</td> <td></td> </tr> </table>			Staying with others	In a car	In a hotel	In an abandoned building	In a shelter	Bus or train station	Outside on the street	In a park	On the beach	
Staying with others	In a car												
In a hotel	In an abandoned building												
In a shelter	Bus or train station												
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On the beach													

OTHER

Do you have any urgent issues you would like to discuss today?	Yes	Unsure	No
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If yes, please describe: