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This questionnaire is to accompany the published paper:

Browne-Yung, K, Freeman, T, Battersby, M, McEvoy, RD, Baum, F (2018) The development of a screening tool to recognise social determinants of health in Australian clinical settings (not yet published Sept 2018).

which has been published in final form at

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10. How safe do you feel in your home/neighbourhood? (Tick one box✓)

- Very safe Somewhat safe Neither safe nor unsafe Unsafe Very unsafe

Housing

11. Which of the following best describes your living arrangements? Tick one box✓

- Live alone Live with partner only Live with partner and children Sole parent with children Live with parents/other related adults Live with unrelated adults

Other, please specify _____

12. What type of residence do you live in? Tick one box✓

- House Flat, unit or apartment Retirement village Caravan or mobile home Housing trust Supported accommodation

Other, please specify _____

13. Are you at risk of losing your home?

- Yes..... No.....

Employment

14. Are you working? Yes..... No.....

- Full time employed-----
Part time/ casual employment-----

} Please answer Qs 15-16

- Not Working-----
Home duties/retired -----
Student-----
Unable to work -----
(disability/WorkCover)

} Please go to Q 17

15. How many hours of paid work do you usually do per week? ____ hours

16. How secure is your current job?

Very insecure

₁

₂

₃

₄

Very secure

₅

17. Do you have caring responsibilities for any of the following: (If no, please **go to Q 19**)

- Partner Child with disability Other relative Friend No caring

18. If yes, about how long do you usually spend caring for him or her? *Tick one box* ✓

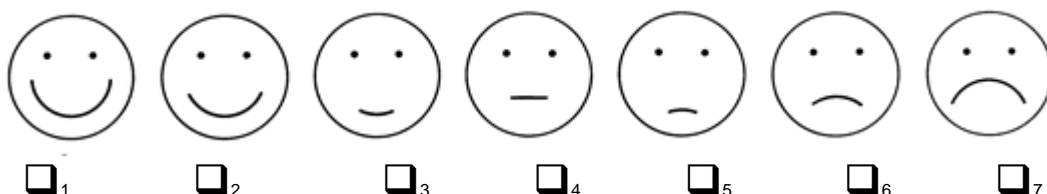
- All the time Most of the time Some of the time A little of the time

19. Do you receive any help with your own everyday living activities?

- Yes.....₁ No.....₂

20. How do you feel about your **life in general**? Looking at the faces below, which face shows best how you feel about your life as it is now? (*please tick one box* ✓)

Extremely Satisfied _____ Extremely Dissatisfied



Social Support

Below is a list of situations in which people might need help (from their friends, family or acquaintances). For each situation, please indicate how many people you **COULD** ask for help. (*Please tick one box for each line*)

	None	1 to 2	3 to 4	More than 5
21. If you wanted to talk about personal problems or needed help making an important decision	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
If you needed practical help, for example help around the house or wanting a lift somewhere	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
If you needed to borrow some money to pay a large bill and couldn't borrow it from a financial institution	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

22. In the last year, have you experienced any emotional, physical or financial abuse?

- Yes.....₁ No.....₂

23. Stress means a situation in which a person feels tense, restless, nervous or anxious or is unable to sleep at night because his/her mind is troubled all the time. Do you feel this kind of stress these days?


- All of the time Most of the time Some of the time A little of the time None of the time
- ₁ ₂ ₃ ₄ ₅

24. Do you feel that you and /or your children are safe in your relationships?

- Yes.....₁ No.....₂

25. How do you feel about your relationships with your relatives and friends?

Extremelv Satisfied _____ Extremelv Dissatisfied



₁ ₂ ₃ ₄ ₅ ₆ ₇

Any further comments:
