# Social Determinants of Health Issue Brief Series

## Issue Brief #6:

## Incorporating Additional Social Determinants of Health Screening into Primary Care Check-Ups: A Practical Guide

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When individuals go to their health practitioner, they need someone with medical expertise to identify and respond to any medical issues they may have. Individual health, however, is affected by much more than detection and treatment of medical conditions. In fact, social determinants of health (economic, physical, environmental, social, and behavioral) account for the largest share of a person's health.

Health practitioners often can serve at least as an identifier of and first responder to these social, as well as medical, determinants of health. In this capacity, however, health practitioners and their practice settings should not be seen as responsible to do this alone. Health practitioners themselves will not resolve landlord-tenant issues to secure stable housing, enroll individuals into various food and nutrition programs to ensure they have food on the table, or become a trusted friend, confidant, and mentor as they develop social ties and build their own resiliency.

At the same time, there is a growing array of exemplary programs and practice approaches that start in the primary health practitioner's office by identifying such social determinants and then initiating some response to them. This usually includes some brief communication with the patient (anticipatory guidance) that supports response, coupled with a "warm handoff" to someone with knowledge and expertise in helping the patient resolve concerns, access resources and connect with community supports.

Currently, most health practitioners do some level of querying about some social determinants, including risky health behaviors (smoking, drinking) and core safety concerns (partner or family violence). They also frequently screen for signs of depression, which may involve medical treatment but also can be the result of social environments. At the same time, the screening practitioners conduct may not include other factors that can impact health, even when practitioners are in the position to be a positive influence on addressing those concerns. Practitioners are, and should be, careful not to screen for social determinants and health risks, if, when identified, they do not feel they can do anything about them.

In many instances, however, practitioners can at least start the process of action to address social determinants; by providing anticipatory guidance or referring to someone who can provide help. Practitioners may not be able to change environments or behavior concerns that impact health, such as weight or smoking, but they at least can be a voice that informs individuals of the impacts of these upon health and points them to resources and programs that can provide assistance.

Sometimes, this may simply be one more voice that leads to eventual actions. Practitioners cannot magically get a parent to quit smoking, but by informing that parent about the impact on his or her own health and on the child's health (through second- and third-hand smoke – and in this instance forcefully recommending that, even if the parent continues smoking, this should not be in the home or in the car), the practitioner can provide an important impetus for change. The practitioner's voice, when coupled with other messages received, can add weight to taking action that finally "tips the scales."

There is some precedence in Iowa for providing a response to social determinants of health, starting with the primary care practitioner:

- Iowa's 1st Five program is a premier state-financed effort to respond to social determinants of health for young children;
- Iowa is one of four pioneer states testing the first version of a social determinants screening tool, PRAPARE, developed by the National Association of Community Health Centers;
- Iowa's Medicaid program provides for a billing code and significant reimbursement for preventive screening that can include social determinants; and
- Iowa's commitment to being the healthiest state in the nation has placed new emphasis upon more preventive and ecological approaches to improving health status and, in particular, promoting healthy behaviors that require addressing social determinants.

A health practitioner does not have to be part of any of these initiatives to take action, nor do they need to commit to conducting a comprehensive social determinants screen of all possible social determinants to have an impact. In fact, a practitioner should conduct or add to their current screening questions only when the practitioner has the following:

- The ability to do so within the time and resources currently available for the routine or annual visit (questions do not have to be asked by the practitioner but can be secured from the patient before the visit, in the waiting area, or with a nurse or receptionist);
- The ability to do something (anticipatory guidance and/or referral and warm handoff to someone who can follow-up) that, at a minimum does no harm and at least provides some level of encouragement to the patient; and
- The opportunity to revise and change with experience, particularly when the practitioner wants to try out a new approach.

One of the best starting points for developing screening questions is the PRAPARE instrument, which not only provides questions but also provides guidance on how a practitioner can respond directly as well as refer to other services and supports which can help. There also are other screening tools in place which can be drawn upon, most of which have been validated and are short and simple to administer. While some screening tools and questions apply generally, there also are particular screening questions which have been developed specific to certain ages or life situations (young children, expectant mothers, seniors).

A companion paper, "Screening for Social Determinants of Health: A Framework and Cross-Walk of Select Screening Tools and Questions," provides an expansive list of screening questions and covers all the different recognized social determinant domains.

The Appendix includes two sets of questions. The first offers a short set of possible questions, largely drawn from PRAPARE but also including questions from select other tools, along with very brief descriptions of how they might be used by the practitioner to provide advice and how they might be used to refer to other resources. The second offers some additional questions that have particular relevance to different ages and life situations.

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# APPENDIX: SCREENING QUESTIONS FOR IDENTIFYING AND RESPONDING TO SOCIAL DETERMINANTS OF HEALTH

## CORE LIST FOR ALL PATIENTS

The following, with some modifications to reflect age and family circumstances and to whom the question is addressed (i.e. for young children the questions are addressed to reflect behaviors and resources of the parents), constitutes a core set of questions regarding the social determinants of health that practitioners can raise and respond to (directly or through referral) at primary care visits. Following the questions themselves is a table describing the relevance of each question to an individual's health and what types of direct responses (anticipatory guidance) and referrals to other resources (including care coordinators or other staff with this responsibility) to address identified concerns.

**Summary of Questions:**

**Baseline Information**

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| Age | Work status | Educational status |
| Address [poor neighborhood] | Race/ethnicity | Health/disability status/condition - requiring attention |
| Insurance status | Household income | |
| Household membership | Home language | |

**Questions:**

1. How hard is it for you to pay for the very basics like food, housing, medical care, and heating? Would you say it is … very hard, somewhat hard, not hard at all? [IOM]. If somewhat hard or very hard …
    a. In the past year, have you or any family members you live with been **unable** to get any of the following when it was **really needed**? 1. Food 2. Utilities 3. Medicine or any health care need (Medical, Dental, Mental Health, Vision), 4. Phone 5. Clothing 6. Child Care 7. 8. Safe and stable housing 9. Transportation 10. Other (please write) [PRAPARE]
    b. In the past month was there any day when you or anyone in the family went hungry because you did not have enough money for food? [SWYC]
    c. Which of the following describe a problem with your housing situation: (a) bugs or rodents, (b) general cleanliness, (c) landlord disputes, (d) lead paint, (e) unreliable utilities, (f) medical condition that makes it difficult to live in current house, (g) mold or dampness, (h) overcrowding, (i) threat of eviction, (j) other? [MLP]
2. Over the last two weeks, how often have you felt little interest or pleasure in doing things? [IOM, PHQSD. SWYC; PSQ]
3. Over the last two weeks, how often have you found yourself feeling down, depressed or hopeless? [IOM, PHQSD +7 more, SWYC, PSQ]

4. Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled. How stressed are you? Not at all, a little bit, somewhat, quite a bit, very much [PRAPARE]
5. How often do you have a drink containing alcohol? a. Never b. Monthly or less c. 2–4 times a month d. 2–3 times a week e. 4 or more times a week. (If not a or b)
    a. How many standard drinks containing alcohol do you have on a typical day? a. 1 or 2 b. 3 or 4 c. 5 or 6 d. 7 to 9 e. 10 or more
    b. How often do you have six or more drinks on one occasion? a. Never b. Less than monthly c. Monthly d. Weekly e. Daily or almost daily [IOM]
6. How many times in the past you have you used an illegal drug or used a prescription medication for non-medical reasons? (If asked what non-medical reasons means you can say because of the experience or feeling the drug caused) [SBIRT]
7. How often is the following true: I can solve most problems if I invest the necessary effort? Almost always true, sometimes true, often not true, almost never true [GSE]
8. How true (yes/sometimes/not yet) is it for you that you can express your emotions, set limits for yourself, and calm yourself down? [DARS-SC]
9. How true (yes/sometimes/not yet) is it true for you that you have good friends who provide you the emotional support you need and with whom you can share your successes and problems?
10. Is there someone you can go to in your community if there is a sudden need for help – financially (like an unexpected $500 bill) or social support (taking care of a problem like emergency child care or transportation help) when you can't provide that yourself?
11. How accepted and included and valued do you feel overall? Very well, sometimes, not very well, poorly
12. In the past year, have you ever felt threatened in your home or been afraid of your partner or ex-partner? (PRAPARE and BFPIF)

| Question: Focus Area | Relevance | Response: Direct and Referral |
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| **Baseline Information**<br>Age<br>Household membership<br>Race/ethnicity<br>Home language<br>Address [poor neighborhood]<br>Work status<br>Household income<br>Educational status<br>Insurance status<br>Health/disability status/ condition requiring attention | Much of this information is routinely collected and needed for general purposes. Specific to social determinants are household income, work status, and educational status. These all can provide indications of both economic and social stress. If information on household income and educational status is gathered, there should be some explanation of why this information is being requested and options to not respond. | **Direct:** All of this baseline information provides an initial picture of the home situation of the patient and can help inform the questioning. In addition, changes in any of these from visit to visit can help highlight areas where the practitioner may want to follow-up to see how this has affected the patient's outlook or raised any new concerns.<br>**Referral**: If the results of changes or the responses demonstrate new concerns and stresses, or they raise issues in the context of other responses, then referral to a care coordinator, social worker, community health worker, or other staff who can |

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| | The home address can be used to identify whether the patient lives in a neighborhood likely to present challenges – and, in particular, likelihood of exposure to lead paint and other health hazards in the home. | identify someone who can follow-up, explore more deeply, and recommend resources as well as provide guidance may be warranted.<br>**Electronic medical record**: As with the responses to other questions, these can be incorporated into the electronic medical record for use in future visits, particularly when there are changes in circumstances. This also enables the practitioner and the practice to recognize the demographics of the overall patients served and can point to areas where the prevalence of particular characteristics may warrant specific attention. |
| **Concrete needs**<br>*General*: How hard is it for you to pay for the very basics like food, housing, medical care, and heating? Would you say it is … very hard, somewhat hard, not hard at all? [IOM]<br><br>*Specific areas*: In the past year, have you or any family members you live with been unable to get any of the following when it was really needed? 1. Food 2. Utilities 3. Medicine or any health care need (Medical, Dental, Mental Health, Vision), 4. Phone 5. Clothing 6. Child Care 7. 8. Safe and stable housing 9. Transportation 10. Other (please write) [PRAPARE]<br><br>*Food security:* In the past month was there any day when you or | Struggles to meet basic living needs not only threaten health but add substantially to stress and often make it difficult to focus on other issues or concerns.<br><br>The IOM question asks generally about these issues, while the PRAPARE question asks the question with respect to each of nine different issues.<br><br>The SWYC food security and MLP housing questions delve more deeply into those specific issues.<br><br>The IOM can be used as a primary question, subject to follow-up with further questions around more specific areas (PRAPARE) and food security and housing, based upon what the practitioner's office can offer in help and referral. | **Direct and Referral:** Unless the practitioner can offer food vouchers or transportation coupons, the follow-up to these questions generally will not come from the practitioner but from either a staff in the office or a person who can be reached by telephone (including a care coordinator) who can follow-up.<br><br>Staff who are part of the Medical Legal Partnership specifically are trained and have the skills to follow-up, to the point of providing legal assistance, on all the issues raised by the PRAPARE question or the more specific food security and housing questions.<br><br>Even short of having such a staff or adjunct to the practice, however, it often is possible for practices to do some level of referral for at least some of these questions, for those that go beyond a generic referral to 211.<br><br>It can be very frustrating for patients to be referred to a potential source of help only to be referred to other potential sources of help that fail to lead to |

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| anyone in the family went hungry because you did not have enough money for food? [SWYC]<br><br>*Housing issues:* Which of the following describe a problem with your housing situation: (a) bugs or rodents, (b) general cleanliness, (c) landlord disputes, (d) lead paint, (e) unreliable utilities, (f) medical condition that makes it difficult to live in current house, (g) mold or dampness, (h) overcrowding, (i) threat of eviction, (j) other? [MLP] | | anyone who is able to either provide concrete services or referral to sources that can provide definitive information. Someone within practices directed to be that source for information, with training and experience, however, often can fulfill that role, at least for some of the concerns that are raised. |
| **Depression and stress**<br><br>Over the last two weeks, how often have you felt little interest or pleasure in doing things? [IOM, PHQSD, SWYC, PSQ]<br><br>Over the last two weeks, how often have you found yourself feeling down, depressed or hopeless? [IOM, PHQSD +7 more, SWYC, PSQ]<br><br>Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled. How stressed are you? Not at all, a little bit, somewhat, quite a bit, very much [PRAPARE] | The first two questions represent a well-validated and commonly-used initial screening tool for depression – based upon longer screens including additional questions.<br><br>The third question relates to stress, which can be internalized but also can be the result of specific presenting issues.<br><br>A positive response to any of the three questions should give rise to further probing, usually by someone with a mental health background who can move beyond screening to a mental health/stress assessment and propose appropriate treatments and responses.<br><br>Note: Depression or stress not only impacts the individual, but also family and friends. Parental depression and stress also affect care and essential nurturing of young children and responses to all children and | **Direct**: If the practitioner has a mental health background, the practitioner may move from the quick screen to a more detailed screen for depression and stress and other mental health concerns. At a minimum, however, the practitioner can offer a "warm handoff" to someone with such a background, acknowledging to the patient the validity of the concerns about stress and depression and making a referral to someone who can help.<br><br>**Referral:** In some instances, a practice will have on staff a social worker or mental health specialist who can be called in for an immediate consult. If this is not possible, practices should seek to have some immediate referral that results in prompt follow-up. In some instances, a care coordinator or family advocate can work with the patient in developing a course of action to secure needed help. While therapy and mental health counseling and medication may be necessary, in some instances addressing the stresses facing the patient and either |

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| | adolescents. Therefore, these questions are relevant to Well Child visits for young children, and even to adolescents and their issues around household stresses (see questions specific to different age groups and life circumstances). | resolving those or providing coping skills can reduce stress and the depression that can be the result. |
| **Alcohol and Substance Use**<br>How often do you have a drink containing alcohol? a. Never b. Monthly or less c. 2–4 times a month d. 2–3 times a week e. 4 or more times a week<br><br>[If answer not a] How many standard drinks containing alcohol do you have on a typical day? a. 1 or 2 b. 3 or 4 c. 5 or 6 d. 7 to 9 e. 10 or more<br><br>[If answer not a] How often do you have five/six or more drinks on one occasion? a. Never b. Less than monthly c. Monthly d. Weekly e. Daily or almost daily [PRAPARE (5) and IOM (6)]<br><br>How many times in the past have you used an illegal drug or used a prescription medication for non-medical reasons? (If asked what non-medical reasons means you can say because of the experience or feeling the drug caused) [SBIRT] | Clearly, excessive use of alcohol and misuse of prescription drugs or other chemical substances is a health concern in its own right, but also is often reflective of or related to other social situations and concerns. The first three questions, taken together, can be used to indicate whether there is some problem with alcohol consumption. The last question relates to the use of other drugs, prescribed or not.<br><br>Substance use and abuse is, at least in part, a response to social environments and the most effective treatments often include responses both to the abuse and addition specifically and to the social circumstances that have given rise to the addiction.<br><br>Note: Again, substance abuse not only affects the health of the individual, but affects the health, stress, and responses of those close to the individual. Individuals may need support in responding to a partner's use, and children may need particular help in processing and responding to a parent or guardian's addiction, as well as requiring someone who can provide them with stability and nurturing. | **Direct:** The practitioner can directly counsel the patient on the importance of addressing substance use and abuse. Often, it takes multiple cues and suggestions, from different sources, for an individual to recognize and be ready to address a concern, and, at a minimum, the practitioner can represent another authoritative voice that leads to this recognition.<br><br>**Referral:** Practitioners are in the position to recommend treatments, both inpatient and outpatient, for chemical addiction, particularly for those with health coverage to provide them. They also can recommend and refer patients to various programs such as alcoholics anonymous, to address these issues. Practitioners also can follow-up at subsequent visits to check-in on the progress the individual is making and reinforce the importance of continuing to persevere or reinitiate actions to address these issues. |

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| **Personal resiliency and self-efficacy**<br><br>How often is the following true: I can solve most problems if I invest the necessary effort? Almost always true, sometimes true, often not true, almost never true [GSE]<br><br>How true (yes/sometimes/not yet) is it for you that you can express your emotions, set limits for yourself, and calm yourself down? [DARS-SC] | Health, and responding to health concerns, is in large measure related to an individual's own sense of self and ability to respond to and bounce back from disappointments and adversity. The reason ACEs have been so strongly correlated with a variety of adult health conditions is that they produce stress that, without protective factors and supports in place, take a toll on an individual's resiliency and coping mechanisms.<br><br>These two questions begin to get at the individual's own sense of ability to cope.<br><br>A response to either or both that is in the area of often not true or almost never true should give rise to further queries and assessments related both to mental health concerns and concerns around the coping factors. | **Direct:** The practitioner may feel equipped to do some additional querying around the cause and duration of the feeling and whether there might be a specific action that would alleviate the cause. In most instances, however, the practitioner can be most helpful in providing a "warm handoff" to someone else who can explore with the patient these issue, particularly a social worker or mental health worker.<br><br>**Referral:** Ideally, the practitioner can initiate connections that result in connecting the patient with someone who can provide a more in-depth assessment that includes dialogue and problem-solving with the patient through some form of appreciative inquiry, motivational interviewing, and mental health assessment. In some instances, staff with family resource centers, home visiting programs, or self-help and mutual assistance groups can play a bridge role in supporting individuals in building resiliency and also in connecting individuals with support groups or other group activities that support their growth. |
| **Social ties and connections**<br><br>How true (yes/sometimes/not yet) is it true for you that you have good friends who provide you the emotional support you need and with whom you can share your successes and problems with?<br><br>Is there someone you can go to in your community if there is a sudden need for help – financially (like an unexpected $500 bill) or | Positive social ties and connections contribute to health directly and also provide supports to manage health conditions that do exist. Individuals who are isolated and do not have support networks are vulnerable to greater stress and ability to manage that stress.<br><br>Further, personal growth and development generally is facilitated by positive social connections – where individuals can use and share their new talents and skills. One way to | **Direct:** Practitioners can encourage patients to identify and share both their needs and their hopes with others, including making new connections or re-establishing old ones. Practitioners can be another voice for individuals to recognize and build on positive social ties – with family, friends, and neighbors.<br><br>**Referrals:** When a patient has a specific need or concern (raising a child as a grandparent, dealing with balancing work and family, managing with a particular disability), there may be peer support or |

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| social support (taking care of a problem like emergency child care or transportation help) when you can't provide that yourself?<br><br>How accepted and included and valued do you feel overall? Very well, sometimes, not very well, poorly | develop resiliency and self-efficacy is through reciprocity. In some instances, mutual assistance or self-help groups – organized around particular affinities – play an important role in promoting personal health and well-being. | mutual assistance groups that exist – or places (churches or other faith institutions, community or cultural centers, family resource programs) to refer patients. There may even be specific patient support groups (survivors of cancer, parents of children with autism) that can be a source of support and shared knowledge. Initial engagement with a home visitor, community health worker, or family advocate can lead to connecting individuals with other peers and peer groups that can enhance the social ties and connections all individuals need to thrive. |

## ADDITIONAL FOCUSED QUESTIONS TO RAISE MORE SPECIFIC ISSUES OR TARGETED TO SPECIFIC AGE GROUPS AND LIFE CONDITIONS

While the SDOH domains remain the same across the life course, the tools used to screen for and identify them may be different based upon a person's age and life circumstance—and particular concerns may take on particular prominence.

Both infants and seniors require safe home environments that are free from physical hazards, for instance, but infants do not face the same dangers from slippery bathtubs or loose carpets and resultant falls that seniors do. Seniors are much less likely to ingest peeling lead paint and their immune systems are less prone to be shaped and further damaged by mold, radon, dust, and other air quality issues. Seniors benefit from a variety of relationships with others; but the safety, stability, and nurturing through serve-and-return actions with a primary caregiver/parent that is paramount to infant health and development does not have a direct parallel for adults. Personal smoking still matters for seniors and their health, but for infants there is a major concern not of the infant smoking, but of second-hand and even third-hand smoke in the infant's environment. Therefore, screening and surveillance for social determinants of health can involve some questions distinct to age and position across the life course and depending upon household or family arrangements and responsibilities.

The following table offers additional or more focused screening questions for different ages and family situations, drawn from different screening tools. They are organized under the following categories, with rough age ranges for each:

- Infants (birth to 1)
- Toddlers and preschoolers (1-5)
- Elementary school children (6-11)
- Parents of young children (18-35)
- Middle-aged adults with no children (31-65)
- Middle-aged adults parenting children (31-65)

Adolescents (12-18)
Young, single adults (19-30)
Seniors with no children or only grown children (65+)
Seniors raising children or grandchildren (65+)

The following table offers suggestions for more specific questions to raise at these different ages and life circumstances. It is only suggestive of the types of specific questions related to social determinants beyond the core list that could apply to the particular group.

| Age & Life Situation | Questions | Relevance and Use |
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| **Infants (birth to 1)** | Do you or does anyone in your household smoke?<br><br>Do you have a car seat for your infant, a smoke detector in the baby's room and home, and home that is free from peeling paint, mold, and broken windows?<br><br>How well do you feel you have the knowledge about your child to provide the love and care for your child? Very well, sometimes well, sometime not very well, not very well at all?<br><br>Are you getting the support you need at home (from partner, friends, relatives) for your parenting role? Always, most of the time, some of the time, not often, not at all<br><br>Do you have any concerns about how your baby is growing, developing, and behaving or what you can do to nurture your child? | Recommended schedules for well-child care in the first year of life call for six visits and is the time that children are seen most by health practitioners. It also is the time where immune systems are developing and children are most affected by environmental toxins. It is a time of rapid brain growth and development of fundamental bonding and attachment, with infants learning through intimate serve-and-return actions with their parents and caregivers.<br><br>Special attention during this period needs to be given to ensuring that the home environment is safe, that parents are able to ensure 24-7 care and supervision of their infants, that their interactions are engaging and nurturing, and that they understand their role in this period of providing not only for their child's basic needs but for their child' interaction with and discovery of the world.<br><br>Smoking is a big factor in the health of adolescents and adults, and is important to address in its own right. With infants and toddlers, however, exposure to tobacco smoke (second-hand or third-hand) constitutes a major health risk. Even if household members who smoke do not themselves quit, practitioners can strongly encourage parents to make their homes and their automobiles and wherever their child spends time smoke-free. |

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| | | Similarly, other environmental toxins are particularly damaging to infants and deserve special attention. While blood-lead screening is required, the goal is to prevent exposure and not to identify elevated blood-level, where damage already likely has occurred.<br><br>By far the most important health-giving activities relate to providing positive and nurturing interactions and constant surveillance of infants – with the former including intimate serve-and-return interactions that include physical, visual, and language interactions. Identifying parents who lack knowledge, or access to supports through family and friends, or who feel ill-equipped to respond to their infants is important. In most instances, practitioners can provide at least some anticipatory guidance and often can offer resources (such as providing a book through Reach Out and Read) that encourages positive interactions and play with the infants. In addition, health practitioners are in an authoritative role to make recommendations and referrals to parenting classes and support groups, home visiting programs, and child development/social work/infant mental health/community health/promotoras or other workers to provide instruction and guidance. |
| **Toddlers and preschoolers (Ages 1-5)** | Do you have any guns in the home, and, if so, are they kept in a locked place and with a child lock?<br><br>Have you child-proofed your home (electrical outlets, medicines and poisons out of reach, sharp objects out of reach, gates to prevent falling down stairs, etc.)?<br><br>Is your child getting along with other children and participating in and enjoying play activities? | |

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| **Elementary school children (Ages 6-11)** | Do you feel safe and accepted at school, and not picked-on by other children?<br><br>Are you enjoying school and reading and mastering new subjects? | |
| **Adolescents (Ages 12-18)** | Have you had any experience with tobacco, alcohol, or other drugs or are you under any pressure from peers to do so?<br><br>Are you sexually active or thinking about or pressured to do so?<br><br>Do you feel that you have a bright future and will be able to get ahead? | |
| **Young single adults (Ages 18-30)** | Are you optimistic about yourself and your future?<br><br>Are you engaged in any activities that you feel may be somewhat risky or about which you have concerns?<br><br>Are you taking precautions related to your sexual activity? | |
| **Parents of young children (Ages 18-35)** | Is your role as parent a source of joy and fulfillment or source of discomfort and concern?<br><br>Do you have the support you need – from family, friends, and other – in raising your child and knowing what is normal growing behavior and what you should be concerned about? | |
| **Middle-aged adults with no children (36-64)** | | |
| **Middle-aged adult** | Are there issues you have with your children that are troubling you or that you don't feel you have a response? | |

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| **parenting children (Ages 36-64)** | How would you describe your overall relationship with your child(ren) and whether you feel they are getting the guidance they need, from you and others? | |
| **Seniors with no children or only grown children (Ages 65+)** | Please circle yes or no: (1) can you get out of bed by yourself, (2) do you dress yourself without help, (3) can you prepare your own meals, (4) do you do your own shopping, (5) do you write checks and pay your own bills, (6) do you drive or have other means of transportation for traveling outside your neighborhood, (7) are you able to keep track of appointments and family occasions, (8) are you able to take medicine according to directions, dosing, etc.?, (9) are you able to keep track of current events, (10) are you still able to play games of skill that you enjoy or work on a favorite hobby? [FAQ]<br><br>Do you have the support you need – from friends, family, and others, to do the things you want? | |
| **Seniors raising children or grandchildren (Ages 65+)** | How stressful or fulfilling is your role as a grandparent? Mostly fulfilling, with manageable stress; mostly stressful, with limited sense of fulfillment, other.<br>Do you feel you have the support you need in your parenting or grandparenting role? | |

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