West Virginia Department of HEALTH
BUREAU FOR PUBLIC HEALTH | Office of Maternal, Child and Family Health

WEST VIRGINIA WISEWOMAN
Social Determinants of Health

Provider Name:	**Date :** ____________________		**SSN#:** ______________________________
Last Name:	**First Name:**	**M.I.:** ____	**Date of Birth:** ________________________

Do you have any of the following types of computers?
Desktop/Laptop ☐ Yes ☐ No ☐ Don't know ☐ Don't want to answer
Smartphone ☐ Yes ☐ No ☐ Don't know ☐ Don't want to answer
Tablet/Other portable wireless Computer ☐ Yes ☐ No ☐ Don't know ☐ Don't want to answer

Do you or any member of this household have access to the internet?
☐ Yes by paying a cell phone company or internet service provider ☐ No access to internet in this house, apartment, or mobile home
☐ Yes - without paying a cell phone company or internet service provider ☐ Don't know ☐ Don't want to answer

During the last 12 months was there a time when you were worried you would run out of food because of a lack of money or other resources?
☐ Yes ☐ No ☐ Don't know ☐ Don't want to answer

Have you ever missed a doctor's appointment because of transportation problems? ☐ Yes ☐ No ☐ Don't know ☐ Don't want to answer

If you are currently using childcare services, please identify the type of services you use. If not, select Not Applicable
☐ Infant (birth to 11 months) ☐ Toddler (11-36 months) ☐ Preschool (3-5 years)
☐ After School Care (K-9th grade) ☐ Not Applicable ☐ Don't know ☐ Don't want to answer

Have you had any of these child-care related problems during the past year? (Select all that apply)
☐ Cost ☐ Availability ☐ Location ☐ Transportation ☐ Hours of Operation ☐ Other ☐ Not Applicable ☐ Don't know

What is your housing situation today? ☐ I have housing ☐ I have housing, but I am worried about losing my house
☐ I do not have housing ☐ Don't know ☐ Don't want to answer

The following will ask how safe you feel:

How often does your partner physically hurt you? ☐ Never ☐ Rarely ☐ Sometimes ☐ Fairly Often ☐ Frequently ☐ Don't want to answer

How often does your partner talk down to you? ☐ Never ☐ Rarely ☐ Sometimes ☐ Fairly Often ☐ Frequently ☐ Don't want to answer

These four items are related to medication-taking adherence:

Do you ever forget to take your (name of health condition) medicine? ☐ Yes ☐ No ☐ Don't want to answer

Are you careless at times about taking your (name of health condition) medicine? ☐ Yes ☐ No ☐ Don't want to answer

When you feel better, do you sometimes stop taking your (name of health condition) medicine? ☐ Yes ☐ No ☐ Don't want to answer

Sometimes if you feel worse when you take your (name of health condition) medicine, do you stop taking it?
☐ Yes ☐ No ☐ Don't want to answer