

Name: \_\_\_\_\_ Health Plan #: \_\_\_\_\_

## Your Current Life Situation (Shorter Form)

Please answer the following questions to help us better understand you and your current situation. The information you provide will be entered into your Kaiser Permanente medical record and will be used by your health care team to develop a plan to help you maintain or improve your health and well-being.

**1. Which of the following best describes your current living situation? (Select ONE only)**

- Live alone in my own home (house, apartment, condo, trailer, etc.); may have a pet
- Live in a household with other people
- Live in a residential facility where meals and household help are routinely provided by paid staff (or could be if requested)
- Live in a facility such as a nursing home which provides meals and 24-hour nursing care  Temporarily staying with a relative or friend
- Temporarily staying in a shelter or homeless
- Other

**2. Do you have any concerns about your current living situation, like housing conditions, safety, and costs?**

- Yes →  Condition of housing     Lack of more permanent housing  
 No     Ability to pay for housing or utilities     Feeling safe     Other

**3. In the past 3 months, did you have trouble paying for any of the following? (Select ALL that apply)**

- Food     Housing     Heat and electricity     Medical needs     Transportation  
 Childcare     Debts     Other     None of these

**4. In the past 3 months, how often have you worried that your food would run out before you had money to buy more?**

- Never     Sometimes     Often     Very often

**5. Has lack of transportation kept you from medical appointments or from doing things needed for daily living? (Select ALL that apply)**

- Kept me from medical appointments or from getting medications  
 Kept me from doing things needed for daily living  
 Not a problem for me

**6. If for any reason you need help with activities of daily living such as bathing, preparing meals, shopping, managing finances, etc., do you get the help that you need?**

- I don't need any help     I get all the help I need     I could use a little more help     I need a lot more help

**7. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?**

- Never     Almost never     Sometimes     Fairly often     Very often

**8. Which of the following would you like to receive help with at this time? (Select ALL that apply)**

- Food     More help with activities of daily living  
 Housing     Childcare/other child-related issues  
 Transportation     Debt/loan repayment  
 Utilities (heat, electricity, water, etc.)     Legal issues  
 Medical care, medicine, medical supplies     Employment  
 Dental services     Other  
 Vision services     I don't want help with any of these  
 Applying for public benefits (WIC, SSI, SNAP, etc.)

**9. Who answered these questions?**

- Member alone     Member with someone's help     Family member, friend, or caregiver of member

Additional YCLS SDOH/SEBN questions that would be in the Item Bank\*

**What is your current marital/relationship status? (Select ONE only)**

- Married/domestic partner     Living with a partner in a committed relationship  
 In a serious or committed relationship, but not living together  
 Single     Separated     Divorced     Widowed

**What was the highest grade or level of school that you have completed? (Select ONE only)**

- 8th grade or less     Some college or Associates degree  
 Some high school, but did not graduate     Bachelor's degree (B.A., B.S., etc.)  
 High school graduate or GED     Graduate/professional degree (MA, PhD, MD, etc.)

Food insecurity (from CA Medicaid adult Stay Health Assessment questionnaire):

**Are you easily able to get enough healthy food to eat?**     Yes     No

Caregiver responsibilities:

**Are you a primary caregiver for a child under the age of 18 or for someone who is frail, chronically ill, or has a physical or mental disability? (Select ALL that apply)**

- Yes, 1+ child(ren)     Yes, someone who is frail, ill, or has a disability     No

Trouble getting medications:

**How hard is it for you to get your medications and medical supplies when you need them?**

- Not at all hard     Somewhat hard     Very hard

Instrumental Social Support#2. **Do you have someone you could call if you needed help?**     Yes     No

Health Literacy:

**How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?**

- Never     Rarely     Sometimes     Often     Always

Stress (original item): **During the past month, how much stress would you say you have experienced?**

- A lot of stress     A moderate amount of stress     Relatively little stress     Almost no stress at all

Interpersonal violence:

**In the past 12 months, have you been physically or emotionally hurt or felt threatened by a current or former spouse/partner, a caregiver, or someone else you know?**

- Yes →     Current spouse/partner     Former spouse/partner     Caregiver     Someone else  
 No

Loneliness/Social Isolation: **How often do you feel lonely or isolated from those around you?**

- Never     Rarely     Sometimes     Often     Always

Social Connection:

**How often do you see or talk to people that you care about and feel close to? (For example, talking to friends on the phone, visiting friends or family, going to church or club meetings)**

- Less than once a week     1-2 days a week     3-4 days a week     5 or more days a week

Preventive dental care:

**When did you last have your teeth cleaned and checked by a dentist or dental hygienist?**

- Less than 7 months ago     7-12 months ago     More than 1 year ago     Never had this done

Health Confidence:

**How confident are you that you can manage your current medical conditions day-to-day?**

- Very confident     Somewhat confident     Not confident

Financial Abuse:

**Has a spouse/partner, family member, or friend ever been financially abusive towards you? That is, stolen money from you, not paid back a loan, etc.?**

- Yes     No

Health/Functional Status:

In general, would you say your health is:

- Excellent    Very good    Good    Fair    Poor

Do any of your health conditions interfere with your daily activities?    Yes    No

Alcohol and Drug Use Questions:

On average, how many days a week do you have an alcoholic drink? (Check box or circle one number)

- I never drink\*    Less than once a week   1   2   3   4   5   6   7   days

**\* If you Never drink, skip to Question Z. Otherwise answer Questions X and Y.**

**X. On a typical drinking day, how many drinks do you have? 1 drink = 12 oz. of beer, 5 oz. of wine, or 1.5 oz. hard liquor. (Circle one number below)**

- Less than 1   1   2   3   4   5   6   7   8   9   10   11   12   13   14   15+   drinks

**Y. Please answer the version of this question appropriate to your age and gender:**

How many times in the past 3 months have you had:

Circle the number of times

**MEN aged 18-65: 5 or more drinks containing alcohol in a day?**   0   1   2   3   4+

**MEN aged 66+: 4 or more drinks containing alcohol in a day?**   0   1   2   3   4+

**WOMEN aged 18+: 4 or more drinks containing alcohol in a day?**   0   1   2   3   4+

**Z. In the PAST YEAR, how often have you used marijuana?**

- Never    Less than monthly    Monthly    Weekly    Daily or almost daily

**Z. In the PAST YEAR, how often have you used an illegal drug or a prescription medication for non-medical reasons?**    Never    Less than monthly    Monthly    Weekly    Daily or almost daily

---

\* Additional supplemental/optional items and follow-up probes (for branching) will be added to the item bank upon recommendation. The items on this and the previous page reflect just those domains covered in the recent SDOH/SEBN domain/item feedback survey.

## Your Current Life Situation (YCLS) v 2.0 Item sources

### Core YCLS Questionnaire Items

- 1. Living situation:** KP created item that is a slight modification of a question on the Medicare THA (temporary housing/homeless categories added, which should be considered a positive trigger for follow up exploration, and possibly living alone if person is likely to need help)
- 2. Concerns about living situation:** Adapted from Health Begins social needs assessment screening questionnaire.
- 3. Financial hardship:** KP-created item. These categories used to be asked as follow-up to the IOM-recommended Financial Hardship question. Decision made to ask everyone whether they have had trouble paying for any of these during past 3 months (same time frame as Food Insecurity item) because some people who would say it was not hard for them to pay for the very basics might still be having trouble paying for one or more of these financial responsibilities.
- 4. Food insecurity:** Food insecurity item used by KPCO and Hunger Free Colorado (modified to 4 categories of frequency from original yes/no and uses 3 month rather than 12 month time frame). Source: Hager ER, Quigg AM, Black MM, et al. Development and validity of a 2-item screen to identify families at risk for food insecurity. *Pediatrics*. 2010 Jul;126(1):e26-32.
- 5. Transportation:** Slight adaptation of the transportation item from the PRAPARE SDOH risk assessment. Now asks about transportation problem affecting medical care/medication access AND transportation problem affecting doing things needed for daily living. Original YCLS item just asked about transportation problems related to medical care/medications.
- 6. Enough help with activities of daily living:** KP item created for Medicare THA.
- 7. Stress:** This item comes from the Perceived Stress Scale. It replaces the item on version 1 that asked how much stress the person has felt in the past month, and can be used to identify people having difficulty coping with stress.
- 8. Help desired checklist:** Slightly modified version of help desired checklist on original YCLS. Original YCLS asked separate questions to find out what pressing concerns the person has (checklist like current question) and whether the person wanted help with any of these.
- 9. Who answered these questions:** KP created question similar to what we have on Medicare THA used to document whether member (or parent of child) provided the responses or someone else.

### Supplemental/Optional items that will be available in the YCLS Item Bank

- Current marital/relationship status:** KP created item. Used to assess potential social support, people who possibly should be brought into care plan. Note: there is also a field for marital status in KP EHR.
- Educational attainment:** KP created item. Used to assess potential health literacy issues (Research has found that people with a high school education or less are more likely to have trouble understanding health information, instructions, etc.
- Food Insecurity (healthy food):** Taken from California Medicaid Adult Stay Healthy Questionnaire
- Caregiver responsibilities:** KP created item that consolidates 2 separate items in the original YCLS.
- Trouble getting medications at time needed:** KP created item, modeled after IOM-recommended financial hardship question.
- Instrumental social support (someone can call):** KP created item also used in the Medicare THA
- Health literacy:** Morris NS, MacLean CD, Chew LD, Littenberg B. The Single Item Literacy Screener: Evaluation of a brief instrument to identify limited reading ability. *BMC Family Practice* 2006, 7:21 doi:10.1186/1471-2296-7-21.
- Stress (original YCSL item):** Item adapted from the 1998 NHIS Adult Prevention Supplement (uses 1 month vs. 12 month time frame) that replaced the IOM-recommended stress item that was dropped due to copyright issues.
- Interpersonal violence:** KP created item (Dr. Brigid McCaw, KP lead on domestic violence). Used to screen for intimate partner violence, caregiver abuse, and abuse or threats from someone else known to the person.
- Loneliness/Social isolation:** Source: modified from item in PROMIS Item Bank v. 1.0 – Emotional Distress - Anger - Short Form 1 –and AARP overall loneliness item from AARP survey about loneliness in older adults; Original PROMIS item written in 1<sup>st</sup> person; loneliness added to reduce literacy level. Item also used in the Medicare THA.
- Social connection:** New item taken from PRAPARE SDOH assessment that combines original IOM-recommended Berkman-Syme Social Connection Index into 1 item.
- Preventive dental care:** KP created item
- Health confidence:** Item taken from Dartmouth COOP questionnaire. Source: Wasson J, Coleman EA. Health Confidence: A Simple, Essential Measure for Patient Engagement and Better Practice. *Fam Pract Manag*. 2014 Sep-Oct;21(5):8-12.
- Financial abuse:** Item was used in a KPNC Division of Research survey of high utilizers – original source unknown
- Overall rating of health:** Single item health status screener from PROMIS Global 10 scale; also used in Medicare THA.
- Health interference with ADLs:** Functional status measure taken from KP Health Status Questionnaire and used to create KP Frailty Wheel; this item is also in the Medicare THA.
- Alcohol use screener:** 3-item NIAAA alcohol screener, also used for Alcohol as a Vital Sign screening by KP NCAL and KP CO regions
- Drug use screener:** 2-item screener being piloted in Group Health Cooperative. Derived from NIDA Clinician's screening tool for drug use in the medical setting. Lapham et al. *Addiction Science & Clinical Practice* 2015, 10(Suppl 2):O40. Available at: [www.ascpjournal.org/content/10/S2/O40](http://www.ascpjournal.org/content/10/S2/O40)