

Appendix

Maternal Social Determinants of Health and Birth Weight

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Appendices

A) Survey Questions:

Social Determinant of Health (SDOH) Score (based on 10 domain):

- | | |
|------------------------------|-----------------------|
| 1. Financial Resource Strain | 6. Social connections |
| 2. Food Insecurity | 7. Housing stability |
| 3. Transport Needs | 8. Depression |
| 4. Physical Activity | 9. Tobacco use |
| 5. Stress | 10. Alcohol use |

Financial Resource Strain

How hard is it for you to pay for the very basics like food, housing, medical care, and heating?

 Very hard

 Hard

 Somewhat hard

 Not very hard

 Not hard at all

 Patient refused


Appendices

Food Insecurity

Within the past 12 months, you worried that your food would run out before you got the money to buy more.

 Never true

 Sometimes true

 Often true

 Patient refused


Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

 Never true

 Sometimes true

 Often true

 Patient refused


Transportation Needs

In the past 12 months, has lack of transportation kept you from medical appointments or from getting medications?

 Yes

 No

 Patient refused


In the past 12 months, has lack of transportation kept you from meetings, work, or from getting things needed for daily living?

 Yes

 No

 Patient refused


Physical Activity

On average, how many days per week do you engage in moderate to strenuous exercise (like a brisk walk)?

0 days 1 day 2 days 3 days 4 days 5 days 6 days 7 days Patient refused

On average, how many minutes do you engage in exercise at this level?

0 min 10 min 20 min 30 min 40 min 50 min 60 min 70 min 80 min 90 min 100 min 110 min 120 min 130 min 140 min 150+ min Patient refused

Stress

Do you feel stress - tense, restless, nervous, or anxious, or unable to sleep at night because your mind is troubled all the time - these days?

Not at all Only a little To some extent Rather much Very much Patient refused

Social Connections

In a typical week, how many times do you talk on the phone with family, friends, or neighbors?

Never Once a week Twice a week Three times a week More than three times a week Patient refused

How often do you get together with friends or relatives?

Never Once a week Twice a week Three times a week More than three times a week Patient refused

How often do you attend church or religious services?

Never 1 to 4 times per year More than 4 times per year Patient refused

Do you belong to any clubs or organizations such as church groups, unions, fraternal or athletic groups, or school groups?

Yes No Patient refused

How often do you attend meetings of the clubs or organizations you belong to?

Never 1 to 4 times per year More than 4 times per year Patient refused

Are you married, widowed, divorced, separated, never married, or living with a partner?

Married Widowed Divorced Separated Never married Living with partner Patient refused

Housing Stability

In the last 12 months, was there a time when you were not able to pay the mortgage or rent on time?

Yes No Patient refused

In the last 12 months, how many places have you lived?



In the last 12 months, was there a time when you did not have a steady place to sleep or slept in a shelter (including now)?

Yes No Patient refused


Depression:

Over the past 2 weeks, how often have you been bothered by any of the following problems?

Will the patient answer the depression risk questions?

Yes No  

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 

Depression Risk



Over the past 2 weeks, how often have you been bothered by any of the following problems?

Trouble falling or staying asleep, or sleeping too much

Not at all Several days More than half the days Nearly every day 

Feeling tired or having little energy

Not at all Several days More than half the days Nearly every day 

Poor appetite or overeating

Not at all Several days More than half the days Nearly every day 


Feeling bad about yourself - or that you are a failure or have let yourself or your family down

Not at all Several days More than half the days Nearly every day 

Trouble concentrating on things, such as reading the newspaper or watching television

Not at all Several days More than half the days Nearly every day 

Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual

Not at all Several days More than half the days Nearly every day 

Thoughts that you would be better off dead or hurting yourself in some way

Not at all Several days More than half the days Nearly every day 

Depression Risk Score

Tobacco

Smoking Status:

Start Date:

Quit Date:

Types: Cigarettes Pipe Cigars Vaping with nicotine
 Vaping w/o nicotine

Packs/Day:

Years:

Pack Years: 1.5

Smokeless Tobacco:

Types: Snuff Chew

Quit Date:

Ready to Quit: Yes No

Counseling Given: Yes No

Comments:

Alcohol Use

How often do you have a drink containing alcohol?

Never Monthly or less 2-4 times a month 2-3 times a week 4 or more times a week Patient refused

How many drinks containing alcohol do you have on a typical day when you are drinking?

1 or 2 3 or 4 5 or 6 7 to 9 10 or more Patient refused

How often do you have six or more drinks on one occasion?

Never Less than monthly Monthly Weekly Daily or almost daily Patient refused

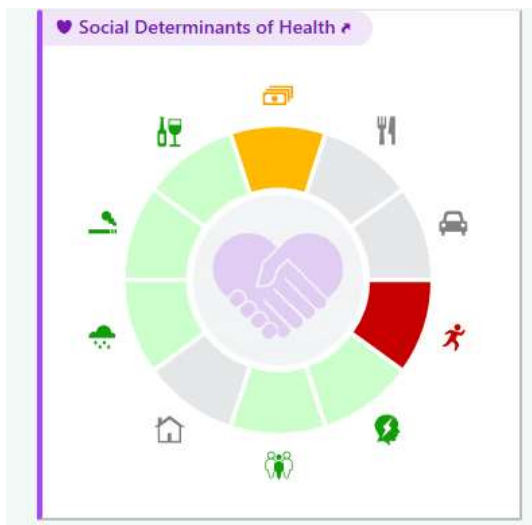
B) Score Calculation



Social Determinant of Health (SDOH):

1. Financial Resource Strain
2. Food Insecurity
3. Transport Needs
4. Physical Activity
5. Stress
6. Social connections
7. Housing stability
8. Depression
9. Tobacco use
10. Alcohol use

Once the SDoH questionnaire is completed, a color-coded diagram would be generated based on which a SDoH score is calculated, see below.



SCORE Guide (range 0-20):

Green/Gray: 0

Yellow: 1

Red: 2

In this example the SDoH score is 3

SDOH Score Alert:

Green – no concern

Yellow – moderate concern

Red – severe concern