

Appendix I

1. What is your country of birth? United States, including Puerto Rico/Other				
2. How many years have you lived in the United States?				
3. What is your race?				
4. What is your gender/sexual orientation? Male/Female/Transgender/Prefer not to identify				
5. What is your sexual orientation? Heterosexual/Bisexual/LGBT/Prefer not to identify				
6. Education status	Less than high school/High school/Undergraduate/Graduate/Doctorate			
7. What is your marital status?	Married/Living as married/Widowed/ Divorced/ Separated/Never married/Other			
8. What is your annual income? (Household)	Less than \$25,000/ \$25,000-\$49,999/\$50,000-\$74,999/\$75,000-\$100,000/\$100,000-\$149,999/\$150,000-\$199,999/\$200,000 or more How many members live on this income?			
9. How often do you feel this?	I don't have enough money to pay my bills. Never/Rarely/Sometimes/Often/Always			
10. Employment	Full-time/Part-time/Unemployed/Retired/Self-employed/Student			
11. If employed or self-employed, in what field?	Sales/IT Hardware/Software/Transportation/Homemaker/Education/ Clergy/Healthcare/Hospitality			
Access to Healthcare/Transportation				
	Do you have a doctor or clinic for your regular care? <i>If no where do you get your care?</i>	Yes	No	FQHC/ER/ Urgent care
	In the past year, was there a time when you needed healthcare but could not get it?	Yes	No	If you could not, why?
	Do you have any problems with transportation to your healthcare visits?	Yes	No	
Language/Literacy/Mental Health				
	Are you able to communicate with your doctor in your language?	Yes	No	What is your preferred language?

	Do you have cell phone/access to the internet, if yes, do you use for visit?	Yes	No	
	Do you often feel anxious, depressed, or worried? Are you experiencing any memory lapses or forgetfulness? Do you ever feel confused?	Yes	No	If yes, cognitive assessment
	Are you under care from a psychologist and/or mental health counselor?	Yes	No	
	Are you on any medications like anti-anxiety, sleep aid, or opioids?	Yes	No	
Food Insecurity				
	In the past 12 months has there been a point where the food you bought just didn't last and you didn't have money to get more?			If yes, is it often or sometimes?
	Within the past 12 months, have you worried that your food would run out before you got money to buy more?			If yes, is it often or sometimes?
Family Responsibilities for Family Members/Friends/Social Support/Community Activity				
	Are you responsible for child/elder care in your family? Do problems getting childcare make it difficult for you to work/study?	Yes	No	
	Do problems getting childcare make it difficult for you to get healthcare?	Yes	No	
	Do you have friends or neighbors support?	Yes	No	
Housing: Access, Utility Services, Household Density				
	Do you have any of these problems with your housing? Pest infestation/Mold/Lead paint or pipes/Inadequate heat/Oven or stove not working/Water leaks/ No or nonfunctioning smoke detector/ None of the above	Yes	No	If yes, how often?
	How many people live in your house/apartment?			
	Do you exercise?	Yes	No	

	Do you drink alcohol?	Yes	No	If yes; daily or a social drinker
	Do you smoke?	Yes	No	Pack years
	Do you take any recreational drugs?	Yes	No	

Abbreviations: ER, emergency room; FQHC, Federally Qualified Health Centers.