



Social, Psychological, and Other Behavioral Health Data to be included in Certified Electronic Health Record Technology (CEHRT) by 2018

Domain	Standard	Assessment Criteria
Financial Resource Strain	N/A	<ul style="list-style-type: none"> How hard is it for you to pay for the very basics like food, housing, medical care, and heating?
Education Attainment	N/A	<ul style="list-style-type: none"> 0-high school (diploma/no diploma/GED) Some college Professional degree
Stress	Elo et al	<ul style="list-style-type: none"> Stress means a situation in which a person feels tense, restless, nervous, or anxious, or is unable to sleep at night because his/her mind is troubled all the time. Do you feel this kind of stress these days?
Depression	PHQ-2	<ul style="list-style-type: none"> Little interest or pleasure in doing things in last 2 weeks feeling down, depressed or hopeless in last 2 weeks
Physical Activity	Exercise Vital Signs	<ul style="list-style-type: none"> How many days of moderate to strenuous exercise, like a brisk walk, did you do in the last 7 days? On those days that you engage in moderate to strenuous exercise, how many minutes, on average, do you exercise?
Alcohol Use	AUDIT-C	<ul style="list-style-type: none"> How often do you have a drink containing alcohol? How many standard drinks containing alcohol do you have on a typical day? How often do you have six or more drinks on one occasion?



**Social Connection
and Isolation**

[NHANES III](#)

- Are you married or living with someone in a partnership?
- In a typical week, how many times do you talk on the phone with family, friends or neighbors?
- How often do you get together with friends or relatives?
- How often do you attend church or religious services?
- How often do you attend meetings of the clubs or organizations you belong to?

**Exposure to
Violence
(Intimate
partner)**

[HARK 4Q](#)

Within the last year:

- Have you been humiliated or emotionally abused in other ways by your partner or ex-partner?
- Have you been afraid of your partner or ex-partner?
- Have you been raped or forced to have any kind of sexual activity by your partner or ex-partner?
- Have you been kicked, hit, slapped or otherwise physically hurt by your partner or ex-partner?



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