



PRAPARE: Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences

Personal characteristics

1. Are you Hispanic or Latino?
 - Yes
 - No
 - I choose not to answer this question

2. Which race(s) are you? Check all that apply:
 - Asian
 - Pacific Islander
 - American Indian/Alaskan Native
 - Native Hawaiian
 - Black/African America
 - White
 - Other
 - I choose not to answer this question

3. At any point in the past 2 years, has seasonal or migrant farm work been your or your family's main source of income?
 - Yes
 - No
 - I choose not to answer this question

4. Have you been discharged from the armed forces of the United States?
 - Yes
 - No
 - I choose not to answer this question

Family & Home

5. What language are you most comfortable speaking?
 - English
 - Language other than English. Please write: _____
 - I choose not to answer this question

6. How many family members, including yourself, do you currently live with?
 - _____
 - I choose not to answer this question

7. What is your housing situation today?
 - I have housing
 - I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park)
 - I choose not to answer this question

8. Are you worried about losing your housing?
 - Yes
 - No
 - I choose not to answer this question

9. What address do you live at (include street and zip code)?



Money & Resources

10. What is the highest level of school that you have finished?
- Less than a high school degree
 - High school diploma or GED
 - More than high school
 - I choose not to answer this question
11. What is your current work situation?
- Unemployed and seeking work
 - Part time or temporary work
 - Full time work
 - Otherwise unemployed but not seeking work (student, retired, disabled, unpaid primary care giver). Please write: _____
12. What is your main insurance?
- | | |
|---|--|
| <input type="checkbox"/> None/uninsured | <input type="checkbox"/> Other public insurance (not CHIP) |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Other public insurance (CHIP) |
| <input type="checkbox"/> CHIP Medicaid | <input type="checkbox"/> Private insurance |
| <input type="checkbox"/> Medicare | |
13. During the past year, what was the total combined income for you and your family members you live with? This information will help us determine if you are eligible for any benefits.
- _____
- I choose not to answer this question
14. In the past year, have you or any family members you live with been unable to get any of the following when it was really needed? Check all that apply.
- | | |
|---|---|
| <input type="checkbox"/> Food | <input type="checkbox"/> Phone |
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Other. Please write: _____ |
| <input type="checkbox"/> Utilities | <input type="checkbox"/> I choose not to answer this question |
| <input type="checkbox"/> Child care | |
| <input type="checkbox"/> Medicine or any other health care (medical, dental, mental health, vision) | |
15. Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? [Check all that apply]
- Yes, it has kept me from my medical appointments or from getting my medications
 - Yes, it has kept me from my non-medical meetings, appointments, work, or from getting things that I need
 - No
 - I choose not to answer this question

Social & Emotional Health

16. 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)
- | | |
|--|---|
| <input type="checkbox"/> Less than once a week | <input type="checkbox"/> More than 5 times a week |
| <input type="checkbox"/> 1-2 times a week | <input type="checkbox"/> I choose not to answer this question |
| <input type="checkbox"/> 3-5 times a week | |



17. Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled. How stressed are you?

- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much
- I choose not to answer this question

Optional Questions

18. In the past year have you spent more than 2 nights in a row in a jail, prison, detention center, or juvenile correctional facility?

- Yes
- No
- I choose not to answer

If yes, what was your release date? _____

19. Are you a refugee?

- Yes
- No
- I choose not to answer this question

20. Do you feel physically and emotionally safe where you currently live?

- Yes
- No
- Unsure
- I choose not to answer this question

21. In the past year, have you been afraid of your partner or ex-partner?

- Yes
- No
- Unsure
- I have not had a partner in the past year
- I choose not to answer

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