



Protocol for Responding to and Assessing
Patients' Assets, Risks, and Experiences

PRAPARE®: Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences
Paper Version of PRAPARE® for Implementation as of September 2, 2016

Personal Characteristics

1. Are you Hispanic or Latino?

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> I choose not to answer this question
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2. Which race(s) are you? Check all that apply

<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian
<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Black/African American
<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Other (please write):	
<input checked="" type="checkbox"/> I choose not to answer this question	

3. At any point in the past 2 years, has season or migrant farm work been your or your family's main source of income?

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> I choose not to answer this question
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4. Have you been discharged from the armed forces of the United States?

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> I choose not to answer this question
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5. What language are you most comfortable speaking?
English

Family & Home

6. How many family members, including yourself, do you currently live with? 0

<input type="checkbox"/> I choose not to answer this question

7. What is your housing situation today?

<input checked="" type="checkbox"/> I have housing
<input type="checkbox"/> 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)
<input type="checkbox"/> I choose not to answer this question

8. Are you worried about losing your housing?

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> I choose not to answer this question
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9. What address do you live at?

Street: 211 S JEFFERSON

City, State, Zip code: Napa, CA 94559

Money & Resources

10. What is the highest level of school that you have finished?

<input type="checkbox"/> Less than high school degree	<input type="checkbox"/> High school diploma or GED
<input checked="" type="checkbox"/> More than high school	<input type="checkbox"/> I choose not to answer this question

11. What is your current work situation?

<input type="checkbox"/> Unemployed	<input type="checkbox"/> Part-time or temporary work	<input checked="" type="checkbox"/> Full-time work
<input type="checkbox"/> Otherwise unemployed but not seeking work (ex: student, retired, disabled, unpaid primary care giver) Please write:		
<input type="checkbox"/> I choose not to answer this question		

12. What is your main insurance?

<input type="checkbox"/> None/uninsured	<input type="checkbox"/> Medicaid
<input type="checkbox"/> CHIP Medicaid	<input type="checkbox"/> Medicare
<input type="checkbox"/> Other public insurance (not CHIP)	<input type="checkbox"/> Other Public Insurance (CHIP)
<input checked="" type="checkbox"/> Private Insurance	

13. During the past year, what was the total combined income for you and the family members you live with? This information will help us determine if you are eligible for any benefits.

<input checked="" type="checkbox"/> I choose not to answer this question
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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.

Yes	<input checked="" type="checkbox"/>	Food	Yes	<input checked="" type="checkbox"/>	Clothing
Yes	<input checked="" type="checkbox"/>	Utilities	Yes	<input checked="" type="checkbox"/>	Child Care
Yes	<input checked="" type="checkbox"/>	Medicine or Any Health Care (Medical, Dental, Mental Health, Vision)			
Yes	<input checked="" type="checkbox"/>	Phone	Yes	<input checked="" type="checkbox"/>	Other (please write):
I choose not to answer this question					

15. Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Check all that apply.

<input type="checkbox"/>	Yes, it has kept me from medical appointments or
<input type="checkbox"/>	Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need
<input checked="" type="checkbox"/>	No
I choose not to answer this question	

Social and 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 checked="" type="checkbox"/>	Less than once a week	<input type="checkbox"/>	1 or 2 times a week
<input type="checkbox"/>	3 to 5 times a week	<input type="checkbox"/>	6 or more times a week
I choose not to answer this question			

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

<input checked="" type="checkbox"/>	Not at all	<input type="checkbox"/>	A little bit
<input type="checkbox"/>	Somewhat	<input type="checkbox"/>	Quite a bit
<input type="checkbox"/>	Very much	I choose not to answer this question	

Optional Additional 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?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	I choose not to answer this
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19. Are you a refugee?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	I choose not to answer this
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20. Do you feel physically and emotionally safe where you currently live?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unsure
I choose not to answer this question					

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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unsure
I have not had a partner in the past year					
I choose not to answer this question					