

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

<p><b>Personal Characteristics</b></p> <p>1. Are you Hispanic or Latino?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><input type="checkbox"/> Yes</td> <td style="width: 25%;"><input type="checkbox"/> No</td> <td style="width: 50%;"><input type="checkbox"/> I choose not to answer this question</td> </tr> </table> <p>2. Which race(s) are you? Check all that apply.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Asian</td> <td style="width: 50%;"><input type="checkbox"/> Native Hawaiian</td> </tr> <tr> <td><input type="checkbox"/> Pacific Islander</td> <td><input type="checkbox"/> Black/African American</td> </tr> <tr> <td><input type="checkbox"/> White</td> <td><input type="checkbox"/> American Indian/Alaskan Native</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other (please write):</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> I choose not to answer this question</td> </tr> </table> <p>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?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><input type="checkbox"/> Yes</td> <td style="width: 25%;"><input type="checkbox"/> No</td> <td style="width: 50%;"><input type="checkbox"/> I choose not to answer this question</td> </tr> </table> <p>4. Have you been discharged from the armed forces of the United States?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><input type="checkbox"/> Yes</td> <td style="width: 25%;"><input type="checkbox"/> No</td> <td style="width: 50%;"><input type="checkbox"/> I choose not to answer this question</td> </tr> </table> <p>5. What language are you most comfortable speaking?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%;"><input type="checkbox"/> English</td> </tr> <tr> <td><input type="checkbox"/> Language other than English (please write)</td> </tr> <tr> <td><input type="checkbox"/> I choose not to answer this question</td> </tr> </table> <p><b>Family &amp; Home</b></p> <p>6. How many family members, including yourself, do you currently live with? _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%;"><input type="checkbox"/> I choose not to answer this question</td> </tr> </table>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I choose not to answer this question	<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 type="checkbox"/> I choose not to answer this question		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I choose not to answer this question	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I choose not to answer this question	<input type="checkbox"/> English	<input type="checkbox"/> Language other than English (please write)	<input type="checkbox"/> I choose not to answer this question	<input type="checkbox"/> I choose not to answer this question	<p>7. What is your housing situation today?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%;"><input type="checkbox"/> I have housing</td> </tr> <tr> <td><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)</td> </tr> <tr> <td><input type="checkbox"/> I choose not to answer this question</td> </tr> </table> <p>8. Are you worried about losing your housing?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><input type="checkbox"/> Yes</td> <td style="width: 25%;"><input type="checkbox"/> No</td> <td style="width: 50%;"><input type="checkbox"/> I choose not to answer this question</td> </tr> </table> <p>9. What address do you live at?</p> <p>Street: _____</p> <p>City, State, Zipcode: _____</p> <p><b>Money &amp; Resources</b></p> <p>10. What is the highest level of school that you have finished?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Less than high school degree</td> <td style="width: 50%;"><input type="checkbox"/> High school diploma or GED</td> </tr> <tr> <td><input type="checkbox"/> More than high school</td> <td><input type="checkbox"/> I choose not to answer this question</td> </tr> </table> <p>11. What is your current work situation?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Unemployed</td> <td style="width: 33%;"><input type="checkbox"/> Part-time or temporary work</td> <td style="width: 33%;"><input type="checkbox"/> Full-time work</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Otherwise unemployed but not seeking work (ex: student, retired, disabled, unpaid primary care giver) Please write:</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> I choose not to answer this question</td> </tr> </table> <p>12. What is your main insurance?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> None/uninsured</td> <td style="width: 50%;"><input type="checkbox"/> Medicaid</td> </tr> <tr> <td><input type="checkbox"/> CHIP Medicaid</td> <td><input type="checkbox"/> Medicare</td> </tr> <tr> <td><input type="checkbox"/> Other public insurance (not CHIP)</td> <td><input type="checkbox"/> Other Public Insurance (CHIP)</td> </tr> <tr> <td><input type="checkbox"/> Private Insurance</td> <td></td> </tr> </table>	<input 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	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I choose not to answer this question	<input type="checkbox"/> Less than high school degree	<input type="checkbox"/> High school diploma or GED	<input type="checkbox"/> More than high school	<input type="checkbox"/> I choose not to answer this question	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Part-time or temporary work	<input 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			<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 type="checkbox"/> Private Insurance	
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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.

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<input 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	No	Food	Yes	No	Clothing
Yes	No	Utilities	Yes	No	Child Care
Yes	No	Medicine or Any Health Care (Medical, Dental, Mental Health, Vision)			
Yes	No	Phone	Yes	No	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 from getting my medications
<input type="checkbox"/>	Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need
<input type="checkbox"/>	No
<input type="checkbox"/>	I choose not to answer this question

**Social and Emotional Health**

16. How often do you see or talk to people that 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"/>	1 or 2 times a week
<input type="checkbox"/>	3 to 5 times a week	<input type="checkbox"/>	5 or more times a week
<input type="checkbox"/> 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 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	<input type="checkbox"/>	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 question
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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 question
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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
<input type="checkbox"/> 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
<input type="checkbox"/> I have not had a partner in the past year					
<input type="checkbox"/> I choose not to answer this question					

THE KRESGE FOUNDATION

 KAISER PERMANENTE

blue  of california  
foundation



**OPCA**  
Oregon Primary  
Care Association

