

**PRAPARE: Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences**  
**Paper Version of PRAPARE for Implementation As of April 15, 2015**

<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"/> Other (please write)</td> <td><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"/> 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, on the street, in a shelter)</td> </tr> <tr> <td><input type="checkbox"/> I choose not to answer this question</td> </tr> </table> <p>8. What address do you live at?</p> <p>Street: _____</p> <p>City, State, Zipcode: _____</p> <p><b>Money &amp; Resources</b></p> <p>9. 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>10. 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 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>11. 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, on the street, in a shelter)	<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 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	
<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"/> 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																																												
<input type="checkbox"/> I have housing																																												
<input type="checkbox"/> I do not have housing (staying with others, in a hotel, on the street, in a shelter)																																												
<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 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																																												

12. During the past year, what was the total combined income for you and the family members you live with?

\_\_\_\_\_

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

13. 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	Rent/Mortgage Payment
Yes	No	Transportation	Yes	No	Child Care
Yes	No	Medicine or Medical Care	Yes	No	Phone
Yes	No	Health Insurance	Yes	No	Other (please write):
<input type="checkbox"/> I choose not to answer this question					

**Social and Emotional Health**

14. 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			

15. 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**

16. 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
--------------------------	-----	--------------------------	----	--------------------------	--------------------------------------

17. Has lack of transportation kept you from medical appointments or from getting your medications?

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

18. Are you a refugee?

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

19. What country are you from?

<input type="checkbox"/>	United States	<input type="checkbox"/>	Country other than the United States (please write):
--------------------------	---------------	--------------------------	--

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

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