



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

Paper Version of PRAPARE for Implementation in 2015

As of April 15, 2015

NOTE: THIS IS A WORKING DOCUMENT RESULTING FROM AN ITERATIVE PROCESS. PLEASE CHECK FOR UPDATES AND CONTACT MICHELLE JESTER AT MJESTER@NACHC.ORG FOR MORE INFORMATION AND TO JOIN THE MAILING LIST TO RECEIVE NOTIFICATIONS OF CHANGES.

Personal Characteristics

1. Are you Hispanic or Latino?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	I choose not to answer this question.
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OPTIONAL feature: Additional/alternative more granular response choices that roll-up.

See Appendix E of the IOM's 2009 report Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement (available at: <http://www.iom.edu/Reports/2009/RaceEthnicity Data.aspx>) for a list of potential response choices.

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"/>	American Indian/Alaskan Native	<input type="checkbox"/>	White
<input type="checkbox"/>	Other (please write) _____	<input type="checkbox"/>	I choose not to answer this question.

OPTIONAL feature: Additional/alternative more granular response choices that roll-up.

See Appendix E of the IOM's 2009 report Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement (available at: <http://www.iom.edu/Reports/2009/RaceEthnicity Data.aspx>) for a list of potential response choices.

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?

<input type="checkbox"/>	Yes	<input 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?

Yes	No	I choose not to answer this question.
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5. What language are you most comfortable speaking? _____

English	Language other than English (please write) _____	I choose not to answer this question.
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Family & Home

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, on the street, in a shelter)
I choose not to answer this question.

8. What address do you live at? (include street and zipcode)

Money & Resources

9. 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.



10. What is your current work situation?

	Unemployed and seeking work	Part time work
	Full time work	Otherwise unemployed but not seeking work (ex. student, retired, disabled, unpaid primary care giver) Please write _____
	I choose not to answer this question.	

OPTIONAL Feature: Additional response choices

Work less than 20 hours a week	Work 20-34 hours a week
Work 35-59 hours a week	Work 60 hours or more a week

OPTIONAL Feature: Additional question

How many jobs do you work?

1 job	3 or more jobs
2 jobs	I choose not to answer this question.

11. What is your main insurance?¹

None/uninsured	Medicaid
CHIP Medicaid	Medicare
Other public insurance (Not CHIP)	Other Public Insurance (CHIP)
Private insurance	

¹ If patient is unable to answer, health center staff fill out by pulling the information from the EHR or PMS.



OPTIONAL Feature: Additional question

Do you have insurance through your job?

Yes	No	I choose not to answer this question.
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12. During the past year, what was the total combined income for you and the family members you live with? _____

	I choose not to answer this question.
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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) _____
		I choose not to answer this question			

Social and Emotional Health

14. 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)

	Less than once a week
	1 or 2 times a week

	3 to 5 times a week
	More than 5 times a week
	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?

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

OPTIONAL Feature: Additional question

Ask the open-ended follow-up question "Who are the people or groups you usually see or talk to at these times?"

Optional 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?

	Yes		No		I choose not to answer this question.
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OPTIONAL: What was your release date? _____



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

Yes	No	I choose not to answer this question.
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18. Are you a refugee?

Yes	No	I choose not to answer this question.
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19. What country are you from?

United States	Country other than the United States (please write) _____	I choose not to answer this question.
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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 this question.