

# PRAPARE

Protocol for **R**esponding to and **A**ssessing **P**atients' **A**ssets, **R**isks, and **E**xperiences

Personal Characteristics	
1. Have you ever been discharged from the armed forces of the United States?	
2. At any point in the past 2 years, has season or migrant farm work been your or your family's main source of income?	
a. What type of migrant worker were you?	

Family and Home	
1. What is your housing situation today?	
a. What type of housing?	
b. Since you indicated you have no housing, what best describes your living situation?	
2. Are you worried about losing your housing?	
3. How many family members, including yourself, do you currently live with?	

Money and Resources	
1. What is your Federal Poverty Percent Level?	
2. What is the highest level of school that you have finished?	
a. What grade level did you finish?	

b. What type of degree did you receive?	
c. What type of diploma did you receive?	
3. What is your current work situation?	
4. What is your main insurance?	
a. How will your visit be covered?	
b. What type of Medicaid?	
c. What type of Medicare?	
d. What type of non-CHIP insurance?	
e. What type of CHIP insurance?	
f. What type of Private insurance?	
5. Do you wish to share any difficulties you've had with affording or acquiring basic necessities?	

Necessities	
1. Difficulties acquiring or maintaining access to food?	
a. How difficult has it been to get enough food?	
2. Difficulties acquiring or maintaining access to utilities?	
a. How difficult has it been to afford utilities?	
3. Difficulties acquiring or maintaining access to clothing?	

4. Difficulties acquiring or maintaining access to child care?	
5. Difficulties acquiring or maintaining access to medicine or health care?	
a. How difficult has it been to afford or acquire medicine or health care?	
6. Difficulties acquiring or maintaining access to phone services?	
a. How difficult has it been to afford your phone?	
7. Difficulties acquiring or maintaining access to other necessities?	
a. What other necessities have you had difficulty acquiring or affording?	

Transportation	
1. Has a lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?	
2. Is the reason you don't have trouble getting things or making appointments because you are: <ul style="list-style-type: none"> <li>a. Able to independently drive a regular or adapted car, OR use a regular or handicap-accessible public bus</li> <li>b. Able to ride in a car only when driven by another person OR able to use bus/handicap van only when assisted or accompanied by another person</li> </ul>	

Social and Emotional Health	
1. How often do you see or talk to people you care about and feel close to?	
2. Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled. How stressed are you?	

Optional and Additional Questions	
1. In the past year, have you spent more than 2 nights in a row in a jail, prison, detention center, or juvenile correctional facility?	
2. Are you a refugee?	
3. Do you feel physically and emotionally safe where you currently live?	
4. In the past year, have you been afraid of your partner or ex-partner?	
5. Any additional comments on anything pertaining to this questionnaire?	