



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

Version 1.0

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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 More Granular Response Choices that Roll-Up to Options Above:

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 More Granular Response Choices that Roll-Up to Options Above:

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.

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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?

	Yes		No		I choose not to answer this question.
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[Definitions if needed for clarification:]

- ***Migratory agricultural worker:*** is an individual whose principal employment is in agriculture and who establishes a temporary home for the purposes of such employment. Migratory agricultural workers are usually hired laborers who are paid piecework, hourly, or daily wages. The family members may or may not move with the worker or establish a temporary home. (according to section 330(g) of the Public Health Service Act)
- ***Seasonal agricultural workers:*** individuals whose principal employment is in agriculture on a seasonal basis (e.g. picking fruit during the limited months of a picking season) but who do not establish a temporary home for purposes of employment. Seasonal agricultural workers are usually hired laborers who are paid piecework, hourly, or daily wages. (according to section 330(g) of the Public Health Service Act)

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.
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7. What is your housing situation today?

	I have housing
	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)
	I choose not to answer this question.

8. Are you worried about losing your housing?

	Yes		No		I choose not to answer this question.
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[Definitions if needed for clarification:]

Homeless Patients: Patients who lack housing (without regard to whether the individual is a member of a family), including individuals whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations, and individuals who reside in transitional housing.

“Homeless” for UDS reporting purposes, includes the following:

- ***Shelter:*** Shelters for homeless persons are seen as temporary and generally provide for meals as well as a place to sleep for a limited number of days and hours of the day that a resident may stay at the shelter.
- ***Transitional Housing:*** Transitional housing units are generally small units (six persons is common) where persons who leave a shelter are provided extended housing stays—generally between 6 months and 2 years—in a service rich environment. Transitional housing provides for a greater level of independence than traditional shelters, and may require that the resident pay some or all of the rent, participate in the maintenance of the facility and/or cook their own meals. Count only those persons who are “transitioning” from a homeless environment. Do not include those who are transitioning from jail, an institutional treatment program, the military, schools or other institutions.
- ***Doubled Up:*** Patients who are living with others; the arrangement is generally considered to be temporary and unstable, though a patient may live in a succession of such arrangements over a protracted period of time.

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- **Street:** This category includes patients who are living outdoors, in a car, in an encampment, in makeshift housing/shelter, or in other places generally not deemed safe or fit for human occupancy.
- **Other:** This category may be used to report previously homeless patients who were housed when first seen, but who were still eligible for the Health Care for the Homeless program. Patients who reside in SRO (single room occupancy) hotels or motels, other day-to-day paid housing, as well as residents of permanent supportive housing or other housing programs that are targeted to homeless populations should also be classified as “other”.

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

Money & Resources

10. 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.

11. What is your current work situation?

	Unemployed and seeking work		Part time or temporary 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.		

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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.

12. What is your main insurance?¹

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

OPTIONAL Feature—Additional Question:

Do you have insurance through your job?

Yes	No	I choose not to answer this question.
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¹ If patient is unable to answer this question, health center staff can fill out this question by pulling the information from the EHR or PMS.



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

[NOTE: For organizations that already collect income for other purposes (sliding fee scale, insurance eligibility, other benefits), please map that data such that patients are not asked about their income multiple times. Please report percent of patients by Federal Poverty Level or FPL for PRAPARE reporting purposes.]

	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]

	Yes, it has kept me from medical appointments or from getting my medications
	Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need
	No
	I choose not to answer this question

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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)

	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.

17. 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		Quite a bit
	A little bit		Very much
	Somewhat		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?”

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Optional 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?

Yes	No	I choose not to answer this question.
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OPTIONAL Feature: Additional Question

What was your release date? _____

19. Are you a refugee?

Yes	No	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	

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