

PRAPARE

Protocol for Responding to and Assessing

Patient Assets, Risk, and Experiences

Today's Date: _____

Patient Name: _____

Date of Birth: _____

1. What is your current housing situation?
 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, or in a park)
 I choose not to answer this question
2. Are you worried about losing your housing?
 Yes No
 I choose not to answer this question
3. 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
4. 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)
 I choose not to answer this question
5. 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
 Food Clothing Utilities
 Child care Phone
 Medicine or any health care (medical, dental, mental health or vision)
 Other _____
 I do not have problems meeting my needs
 I choose not to answer this question
6. Has lack of transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?
 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 getting things for daily living
 No
 I choose not to answer this question
7. 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
8. 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
9. 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, What was your release date? _____
 No
 I choose not to answer this question
10. Are you a refugee?
 Yes No
 I choose not to answer this question
11. What country are you from?
 United States
 Other, Please specify: _____
 I choose not to answer this question
12. Do you feel physically and emotionally safe where you currently live?
 Yes No Unsure
 I choose not to answer this question
13. 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