

Redwood Community Health Coalition: Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences (PRAPARE)*

Personal Characteristics

1. Are you Hispanic or Latino?

Yes No I choose not to answer

2. Which race(s) are you? Check all that apply.

Asian Native Hawaiian Pacific Islander Black/African American
 American Indian/Alaskan Native White Other (please write) I choose not to answer

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

4. Have you been discharged from the armed forces of the United States?

Yes No I choose not to answer

5. What language are you most comfortable speaking?

English Language other than English (please write) I choose not to answer

Family and Home

6. How many family members, including yourself, do you currently live with? _____

I choose not to answer

7. What is your housing situation today?

I have housing I do not have housing (staying with others; in a hotel, shelter, or car; or outside) I choose not to answer

8. Are you worried about losing your housing?

Yes No I choose not to answer

ABOUT THIS SOCIAL DETERMINANTS OF HEALTH ASSESSMENT TOOL

This resource is a companion to the Center for Health Care Strategies' brief, *Screening for Social Determinants of Health in Populations with Complex Needs: Implementation Considerations*. The brief examines how organizations participating in *Transforming Complex Care (TCC)*, a multi-site national initiative funded by the Robert Wood Johnson Foundation, are assessing and addressing social determinants of health for populations with complex needs. To download the brief and view additional assessment tools, visit www.chcs.org/sdoh-screening/.

* This tool was adapted from National Association of Community Health Centers' PRAPARE assessment. Available at: http://www.nachc.org/wp-content/uploads/2016/09/PRAPARE_Paper_Form_Sept_2016.pdf.

Money and 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

10. What is your current work situation?

- Full time work Part time or temporary work Unemployed and seeking work Unemployed but not seeking work I choose not to answer

10a. OPTIONAL: 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

10b. OPTIONAL: Additional Question: How many jobs do you work?

- 1 job 2 jobs 3 or more jobs I choose not to answer

11. What is your main insurance? *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.*

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

11a. OPTIONAL: Do you have insurance through your job?

- Yes No I choose not to answer

12. 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. _____

- I choose not to answer

[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.]

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.

- | | | |
|--|------------------------------|-----------------------------|
| Food | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Clothing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Utilities | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Child Care | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Medicine or any health care
<i>(medical, dental, mental, vision)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Phone | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other (please write) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> I choose not to answer | | |

14. Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?

- Yes No I choose not to answer

Social and Emotional Health

15. 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

16. 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

16a. OPTIONAL: Ask the open-ended follow-up question "Who are the people or groups you usually see or talk to at these times?"

Optional Questions

17. 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

17a. If yes, what was your release date?

18. Are you a refugee?

- Yes No I choose not to answer

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

- Yes No I choose not to answer

20. In the past year, have you been afraid of your partner or ex-partner?

- Yes No Unsure I have not had a partner I choose not to answer