

PRAPARE x

PRAPARE

Status
Incomplete

Questions Background

Personal Characteristics

1. Are you Hispanic or Latino?
☐ Yes ☐ No ☐ I choose not to answer this question
2. Which race(s) are you?
3. At any point in the past 2 years, has season or migrant farm work been your or your family's main source of income?
☐ Yes ☐ No ☐ I choose not to answer this question
4. Have you been discharged from the armed forces of the United States?
☐ Yes ☐ No ☐ I choose not to answer this question
5. What language are you most comfortable speaking?
If "Language other than English" is selected, please document the language in the notes field at the bottom of this screening questionnaire.
☐ English ☐ Language other than English ☐ I choose not to answer this question

Family & Home

6. How many family members, including yourself, do you currently live with?
7. What is your housing situation today?
8. Are you worried about losing your housing?

9. What address do you live at?

(Please ensure that the address listed in the chart is accurate)

Money & Resources

10. What is the highest level of school that you have finished?
11. What is your current work situation?
12. What is your main insurance?
13. During the past year, what was the total combined income for you and the family members you live with?
(If the patient chooses not to answer, please leave blank.)
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? Select all that apply.
- Food
☐ Yes ☐ No ☐ I choose not to answer this question
- Utilities
☐ Yes ☐ No ☐ I choose not to answer this question
- Clothing

☐ Yes ☐ No ☐ I choose not to answer this question

Childcare

☐ Yes ☐ No ☐ I choose not to answer this question

Medicine or Any Health Care (Medical, Dental, Mental Health, Vision)

☐ Yes ☐ No ☐ I choose not to answer this question

Phone

☐ Yes ☐ No ☐ I choose not to answer this question

Other Necessities

Please document the other necessities in the notes field at the bottom of this screening questionnaire.

☐ Yes ☐ No ☐ 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?

- Select -

Social & Emotional Health

16. How often do you see or talk to people that you care about and feel close to?

- Select -

17. How stressed are you?

Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled.

- Select -

Optional Additional 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

19. Are you a refugee?

☐ Yes ☐ No ☐ I choose not to answer

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

☐ Yes ☐ No ☐ Unsure ☐ I choose not to answer

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

☐ Yes ☐ No ☐ Unsure ☐ Have not had partner in last year ☐ I choose not to answer

Note

Attachment

None available. To attach documents see [O-help: Screening Section](#)

Reason for not
administering