

## Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE)

Health starts – long before illness – in our homes, schools, and jobs. The more we know about you/ your child the better health care we can provide. The following questions will help us understand more about you/ your child. Your care team will use your answers to help you/your child improve your/your child's health. These responses will be entered into your/your child's medical record and, as with all medical information, will always be kept private and confidential.

1. How do you/ your child learn best?

- Reading     Listening     Pictures     Hands-On  
 I choose not to answer/declined

2. What is the highest grade or year of school that you/ your child completed?

- Never attended school or only attended kindergarten  
 Grades 1 through 8 (elementary school)  
 Grades 9 through 11 (some high school)  
 Grade 12 or GED (high school graduate, diploma, or alternative credential)  
 College 1 year to 3 years (some college, associate's degree, trade, vocational, or technical school)  
 College 4 years or more (college graduate) ·  
 I choose not to answer/declined

---

3. How hard is it for you/ your child to pay for the very basics like food, housing, heating, medical care, and medications?

- Not hard at all     Somewhat hard     Very hard  
 I choose not to answer/declined

If you answered "Not hard at all" skip to question 4.

If you answered "Somewhat hard" or "Very hard," what is it hard to pay for?

- Food     Yes     No     I choose not to answer/declined  
Utilities     Yes     No     I choose not to answer/declined  
Transportation     Yes     No     I choose not to answer/declined

PRAPARE Tool

Medicine or Medical Care     Yes    No    I choose not to answer/declined

Health Insurance             Yes    No    I choose not to answer/declined

Clothing                       Yes    No    I choose not to answer/declined

Rent/Mortgage Payment       Yes    No    I choose not to answer/declined

Child Care                   Yes    No    I choose not to answer/declined

Phone    Yes    No    I choose not to answer/declined

Other: \_\_\_\_\_

---

4. What is you/your child's living situation today?

- I have a steady place to live
- I have a place to live today, but I am worried about losing it in the future
- I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach; in a car, abandoned building, bus or train station, or in a park.)
- I choose not to answer/declined

5. Think about the place you live. Do you/your child have problems with any of the following? (Check all that apply)

- Pests such as bugs, ants, or mice
  - Mold
  - Lead paint or pipes
  - Lack of heat
  - Oven or stove not working
  - Smoke detectors missing or not working
  - Water leaks
  - None of the above
  - I choose not to answer/declined
-

6. Some people have made the following statements about their food situation. Please answer whether the statements were OFTEN, SOMETIMES, or NEVER true for you/ your child and your/your child's household in the last 12 months.

c) Within the past 12 months, you worried that your/ your child's' food would run out before you got money to buy more.

Often true     Sometimes true     Never true     I choose not to answer/declined

d) Within the past 12 months, the food you/your child bought just didn't last and you didn't have money to get more.

Often true     Sometimes true     Never true     I choose not to answer/declined

---

7. In the past 12 months, has lack of transportation kept you/your child from medical appointments, meetings, work or from getting things needed for daily living?

Yes, it has kept me from 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/declined

---

8. In the past 12 months, has the electric, gas, oil, or water company threatened to shut off services in your/ your child's home?

Yes     No     Already shut off     I choose not to answer/declined

---

9. On average, how many:

c) Days per week do you/ your child engage in moderate to strenuous exercise (like walking fast, running, jogging, dancing, swimming, biking, or other activities that cause a light or heavy sweat)?

0     1     2     3     4     5     6     7

I choose not to answer/declined

d) Minutes do you/ your child engage in exercise at this level?

0     10     20     30     40     50     60     90     120     150 or greater

I choose not to answer/declined