



PRAPARE

Patient Name: _____ Date of Birth: _____

Money & Resources

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

Are you worried about losing your housing?

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

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

What is your current work situation?

- Unemployed and seeking work
- Part time or temporary work
- Full time work
- Otherwise unemployed but not seeing work (ex. student, retired, disabled, unpaid primary care giver)
- I choose not to answer this question

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
- Medicine or any health care (medical, dental, mental health or vision)
- Phone
- Other _____
- I do not have problems meeting my needs
- I choose not to answer this question

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

Social and Emotional Health

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

How stressed are you?

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

- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much
- I choose not to answer this question

In the past year, have you been afraid of your partner or ex-partner or someone in your household?

- Yes
- No
- Unsure
- I have not had a partner in the past year
- I choose not to answer this question

How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy? **(Nurses: Document under HPI> General> SILS)**

- 1 (never)
- 2 (rarely)
- 3 (sometimes)
- 4 (often)
- 5 (all of the time)

Would you like staff to contact you for help with any of these needs? **(Staff: If Yes, Send Referral to CHW)**

- Yes
- No