



Date Complete/Updated: \_\_\_\_\_

# 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 from 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