**Personal Characteristics**

1. Are you Hispanic or Latino?
   - Yes
   - No
   - I choose not to answer this question

2. Which race(s) are you? Check all that apply.
   - Asian
   - Native Hawaiian
   - Pacific Islander
   - Black/African American
   - White
   - American Indian/Alaskan Native
   - Other (please write):
   - I choose not to answer this question

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?
   - English
   - Language other than English (please write)
   - I choose not to answer this question

**Family & Home**

6. How many family members, including yourself, do you currently live with? ____________
   - I choose not to answer this question

7. What is your housing situation today?
   - 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, in a car, or in a park)
   - I choose not to answer this question

8. Are you worried about losing your housing?
   - Yes
   - No
   - I choose not to answer this question

9. What address do you live at?
   - Street: ____________________________
   - City, State, Zipcode: ________________

**Money & Resources**

10. What is the highest level of school that you have finished?
    - Less than high school degree
    - High school diploma or GED
    - More than high school
    - I choose not to answer this question

11. What is your current work situation?
    - Unemployed
    - Part-time or temporary work
    - Full-time work
    - Otherwise unemployed but not seeking work (ex: student, retired, disabled, unpaid primary care giver)
    - Please write:
    - I choose not to answer this question

12. What is your main insurance?
    - None/uninsured
    - Medicaid
    - CHIP Medicaid
    - Medicare
    - Other public insurance (not CHIP)
    - Other Public Insurance (CHIP)
    - Private Insurance
13. During the past year, what was the total combined income for you and the family members you live with? This information will help us determine if you are eligible for any benefits.

________________________
I choose not to answer this question

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? Check all that apply.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Food</td>
<td>Yes</td>
</tr>
<tr>
<td>Utilities</td>
<td>Yes</td>
</tr>
<tr>
<td>Medicine or Any Health Care (Medical, Dental, Mental Health, Vision)</td>
<td>Yes</td>
</tr>
<tr>
<td>Phone</td>
<td>Yes</td>
</tr>
<tr>
<td>Other (please write):</td>
<td></td>
</tr>
</tbody>
</table>

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? Check all that apply.

<table>
<thead>
<tr>
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<td>Phone</td>
<td>Yes</td>
</tr>
<tr>
<td>Other (please write):</td>
<td></td>
</tr>
</tbody>
</table>

I choose not to answer this question

Social and Emotional Health

16. 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 | 5 or more times a week |

I choose not to answer this question

17. 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 | A little bit |
| Somewhat | Quite a bit |
| Very much | I choose not to answer this question |

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 this question |

19. Are you a refugee?

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

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

| Yes | No | Unsure |
| I choose not to answer this question |

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

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

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