



American Indian/Alaska Native (AIAN) PRAPARE: Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences Assessment Tool

This version of the PRAPARE social determinants of health assessment tool has been modified by the California Rural Indian Health Board, Inc. to make it culturally tailored for AIAN populations. For more information on the original PRAPARE tool developed by the National Association of Community Health Centers (NACHC), the Association of Asian Pacific Community Health Organizations (AAPCHO), the Oregon Primary Care Association (OPCA), and the Institute for Alternative Futures (IAF), please visit www.nachc.org/prapare.

Personal Characteristics

1. Are you Hispanic, LatinX, ChicanX, or Spanish? *

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	I choose not to answer this question
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2. Which race(s) are you? Check all that apply. *

<input type="checkbox"/>	American Indian/Alaskan Native	<input type="checkbox"/>	Asian
<input type="checkbox"/>	Black/African American	<input type="checkbox"/>	Pacific Islander
<input type="checkbox"/>	Native Hawaiian	<input type="checkbox"/>	White
<input type="checkbox"/>	Other (please write):		
<input type="checkbox"/>	I choose not to answer this question		

3. What is your Tribal affiliation?

7. Do you identify within the LGBTQ+ group?

Yes No I choose not to answer this question

Family & Home

8. How many family members, including yourself, do you currently live with? + ___

I choose not to answer this question

9. 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

10. Are you worried about losing your housing? +

Yes No I choose not to answer this question

11. Do you live on a Reservation or Rancheria?

Yes No I choose not to answer this question

12. What is your Zip Code? *

___ I choose not to answer this question

Money & Resources

13. What is the highest level of school that you have finished? +

<input type="checkbox"/>	I choose not to answer this question
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4. Have you been discharged from the armed forces of the United States? ⁺

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	I choose not to answer this question
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5. What language are you most comfortable speaking? ⁺

<input type="checkbox"/>	English
<input type="checkbox"/>	Language other than English (please write):
<input type="checkbox"/>	I choose not to answer this question

6. What is your gender?

<input type="checkbox"/>	Male
<input type="checkbox"/>	Female
<input type="checkbox"/>	Two-spirit
<input type="checkbox"/>	Non-binary/Gender fluid
<input type="checkbox"/>	I choose not to answer this question

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Less than high school degree High school diploma or GED
More than high school I choose not to answer this question

14. What is your current work situation? *

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

15. What is your health care coverage? *

None/uninsured Medi-Cal/Medicaid CHIP
Medicaid Medicare
Other public insurance (not CHIP) Other Public Insurance (CHIP)
Private Insurance

16. In the last 12 months, have you visited the Emergency Room?

Yes No I choose not to answer this question
If yes, how many times?:

17. 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. *

Less than \$10,000
\$10,000 to less than \$15,000
\$15,000 to less than \$20,000
\$20,000 to less than \$25,000
\$25,000 to less than \$35,000
\$35,000 to less than \$50,000
\$50,000 to less than \$75,000
\$75,000 or more
Don't know/Not sure
I choose not to answer this question

18. 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. *

Yes No Food Yes No Clothing
Yes No Utilities Yes No Child Care Yes No Education
Yes No Cultural Activities Yes No Medicine or Any Health Care (Medical, Dental, Mental Health, Vision)
Yes No Phone Yes No Other (please write):
I choose not to answer this question

19. Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Check all that apply. *

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 from getting things that I need
No
I choose not to answer this question

20. Do you have access to safe outdoor spaces including parks, sidewalks, trails, green spaces, etc.?

Yes No I choose not to answer this question

Social and Emotional Health

21. How often do you see or talk to people that that you care about and feel close to? (For example: talking to friends on the phone, visiting friends or family, going to church, cultural activities, 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

22. Stress is when someone feels tense, nervous,



anxious, or can't sleep at night

because their mind is troubled. How stressed are you? ⁺

<input type="checkbox"/>	Not at all	<input type="checkbox"/>	A little bit
<input type="checkbox"/>	Somewhat	<input type="checkbox"/>	Quite a bit
<input type="checkbox"/>	Very much	<input type="checkbox"/>	I choose not to answer this question

23. Do you feel connected to your culture/traditional practices? ⁺

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	I choose not to answer this question
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24. Do you have a sense of community/belonging? ⁺

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	I choose not to answer this question
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Optional Additional Questions

25. In the past year, have you spent more than 2 nights in a row in a jail, prison, detention center, or juvenile or correctional facility? ⁺

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	I choose not to answer this question
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26. In the past year, someone in your household spent more than 2 nights in a row in a jail, prison, detention center, or juvenile or correctional facility?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	I choose not to answer this question
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27. Do you feel physically and emotionally safe where you currently live? ⁺

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unsure
<input type="checkbox"/>	I choose not to answer this question				

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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unsure
<input type="checkbox"/>	I have not had a partner in the past year				
<input type="checkbox"/>	I choose not to answer this question				

* This question was adapted from the national PRAPARE social determinants of health protocol for American Indian and Alaska Native populations.

⁺ This question comes from the national PRAPARE social determinants of health assessment protocol, developed and owned by the NACHC, in partnership with the AAPCHO, OPCA, and IAF. For more information, visit www.nachc.org/prapare