

ON AIR



Health Freedom Minute

January 10, 2025

Send CCHF Intrusive SDOH Questionnaires

Is your clinic asking you questions about housing, transportation, food, health care, employment, education, and more. The federal government is paying clinics to ask you these questions. Then the data is entered into a permanent electronic health record and made available to outsiders. This is the new federal “Social Determinants of Health” initiative. Every clinic has their own forms.

Don't answer these profiling questions but DO take a photo of the form and send it to us. Or scan, copy and email them to us. Our email is on our website at CCHFREEDOM.ORG. The exam room should not be used to create a dossier on you. Send these forms to info@CCHFFreedom.org.

“PRAPARE,” September 2, 2016: <https://prapare.org/wp-content/uploads/2023/01/PRAPARE-English.pdf>

“Provider education clarifies when and how clinicians may bill for this service as part of an annual wellness visit,” Renee Dustman, AAPC, May 15, 2024: https://www.aapc.com/blog/90574-cms-provides-new-guidance-for-sdoh-risk-assessments/?srsltid=AfmBOooW0WrhLy8nZF0Pnwcujp6n_Kj3kVaD9tJSIjp1zxx9_V0DC5RT

PRAPARE: Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences
Paper Version of PRAPARE for Implementation as of September 2, 2016

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?

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 (living with others, in a hotel, in a shelter, living outside on the street, on a boat, 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, Zip code _____

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
Other (please write) _____
Please write: _____
I choose not to answer this question

12. What is your main insurance?
None/uninsured Medicaid
CHIP/Medicaid Medicare
Other public Other Public Insurance
Insurance (not CHIP) (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

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Presented daily by Twila Brase, President and Co-founder
Citizens' Council for Health Freedom.

The Health Freedom Minute is now heard in 48 states:
Mon-Fri on more than 870 radio stations nationwide