Health Risk Screening

To ensure you (or someone you care about) are getting the best care, we'd like to ask you some questions. This should take about five minutes. All your answers will be private and won't affect health plan benefits.

Member name _____

Member address _____

Member phone _____ Member cell phone _____

Member email _____

Do you agree to receive email and text communications from Humana (e.g., reminders, letters and educational materials)? (Check all that apply.) ☐ Text ☐ Email

Member date of birth _____ Age _____

Member ID number _____

Emergency contact name _____ Phone _____

Date completed _____

Now we would like to ask some additional demographic and preference questions, which will help us personalize your health plan and care support experience.

1. What is your race and/or ethnicity? (One or more may be selected)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Other. Describe: _____
- ☐ I choose not to answer this question

2. Do you speak a language other than English at home?

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

2a. If yes, please describe:

- ☐ Spanish
- ☐ Tagalog
- ☐ Arabic
- ☐ Chinese
- ☐ Vietnamese
- ☐ Other: _____

2b. Do you or your caregiver need translation services?

☐ Yes ☐ No

Humana
Healthy Horizons®
in Oklahoma

Health Risk Screening — continued

3. Do you or your caregiver have any of the following communication barriers? (Select all that apply)

- ☐ Hearing Impairment
- ☐ Visual Impairment
- ☐ Other. Describe: _____
- ☐ Developmental Delays
- ☐ Non-verbal
- ☐ None
- ☐ I choose not to answer this question

4. What was your sex at birth?

- ☐ Female
- ☐ Male
- ☐ Unavailable
- ☐ I choose not to answer this question

5. What gender do you currently identify with? (Select all that apply)

- ☐ Female
- ☐ Male
- ☐ Other
- ☐ Female-to-male/transgender male/trans man
- ☐ Male-to-female/transgender female/trans woman
- ☐ Genderqueer/non-binary, neither exclusively male nor female
- ☐ I choose not to answer this question

6. What are your pronouns? (Select all that apply)

- ☐ He/him/his
- ☐ She/her/hers
- ☐ They/them/theirs
- ☐ Other
- ☐ I choose not to answer this question

7. What is your sexual orientation? (Select all that apply)

- ☐ Straight or heterosexual
- ☐ Lesbian, gay, or homosexual
- ☐ Bisexual
- ☐ Something else
- ☐ Do not know
- ☐ I choose not to answer this question

8. 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

9. Are you worried about losing your housing?

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

Health Risk Survey — continued

10. 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?

Food	☐ Yes	☐ No
Clothing	☐ Yes	☐ No
Utilities	☐ Yes	☐ No
Child care	☐ Yes	☐ No
Medicine or any health care (Medical, Dental, Mental Health, Vision)	☐ Yes	☐ No
Phone	☐ Yes	☐ No
Other	☐ Yes	☐ No

describe: _____

☐ I choose not to answer this question

11. Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? (Select all that all that apply)

☐ Yes, it has kept me from medical appointments
☐ 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

12. Over the last 2 weeks, how often have you been bothered by the following problems?

Little interest or pleasure in doing things

☐ Not at all ☐ More than half the days
☐ Several days ☐ Nearly every day

Feeling down, depressed, or hopeless

☐ Not at all ☐ More than half the days
☐ Several days ☐ Nearly every day

Feeling nervous, anxious or on edge

☐ Not at all ☐ More than half the days
☐ Several days ☐ Nearly every day

Not being able to stop or control worrying

☐ Not at all ☐ More than half the days
☐ Several days ☐ Nearly every day

13. How do you describe your health?

☐ Excellent ☐ Good ☐ Poor
☐ Very good ☐ Fair

Health Risk Survey — continued

14. (Females) Are you Pregnant?

☐ Yes ☐ No

15. What health conditions do you currently have? (Select all that apply)

☐ Attention deficit hyperactivity disorder (ADHD)
☐ Asthma
☐ Bipolar disorder
☐ Cancer
☐ Chronic obstructive pulmonary disease (COPD)
☐ Depression/anxiety
☐ Diabetes
☐ Heart failure
☐ Hepatitis
☐ High blood pressure
☐ Human immunodeficiency virus (HIV) or acquired immune deficiency syndrome (AIDS)
☐ Kidney failure
☐ Schizophrenia
☐ Other: _____

16. Do you currently take prescription medicine?

☐ Yes ☐ No ☐ N/A

16a. Are you able to obtain all medications when needed?

☐ Yes ☐ No ☐ N/A

16b. Are you taking them as prescribed?

☐ Yes ☐ No ☐ N/A

17. What type of health care appointments have you attended in the last 12 months? (Select all that apply)

☐ Physical health/medical — Appointment date(s) _____
☐ Mental or behavioral health — Appointment date(s) _____
☐ Dental — Appointment date(s) _____

18. Do you have any pending appointments or procedures?

☐ Physical health/medical — Appointment date(s) _____
☐ Mental or behavioral health — Appointment date(s) _____
☐ Dental — Appointment date(s) _____

19. Do you or your caregiver need help arranging your health services?

☐ Yes. Describe the help you need: _____ ☐ No

Health Risk Survey — continued

20. Have you visited the Emergency Room (ER) in the past 6 months? How many times and why?

- ☐ 1 time
- ☐ 2 times
- ☐ 3 times
- ☐ 4 times
- ☐ 5 times
- ☐ More than 5 times

Describe why you went to the ER: _____

☐ I haven't been to the ER in the past six months.

21. Have you stayed overnight in the hospital (not including the Emergency Department) in the past 6 months? If yes, how many times?

- ☐ 1 time
- ☐ 2 times
- ☐ 3 times
- ☐ 4 times
- ☐ 5 times
- ☐ More than 5 times

Describe the reason for your hospital stay(s): _____

☐ I haven't stayed overnight in the hospital.

22. Do you need assistance with any of the following? (Select all that apply)

- ☐ Dressing
- ☐ Bathing/grooming
- ☐ Eating
- ☐ Mobility
- ☐ Cooking/preparing meals
- ☐ Transfer
- ☐ Daily medications
- ☐ Using the restrooms
- ☐ Other. Describe: _____

23. Do you have a caregiver?

☐ Yes. What is your relationship to your caregiver? _____ ☐ No

23a. Do you and/or your caregiver feel physically and emotionally safe where you currently live?

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

24. In the past year, have you been afraid of your partner, ex-partner, caregiver, or anyone in your household?

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

25. 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
- ☐ 6 or more times a week
- ☐ I choose not to answer this question

25a. Would you like to talk with someone about this?

- ☐ Yes
- ☐ No

Health Risk Survey — continued

26. Over the last year, have you wished you could stop or cut back on any of the following items? (Select all that apply)

- ☐ Drinking alcohol
- ☐ Using tobacco or nicotine products (like cigarettes, cigars, snuff, chew, electronic cigarettes, or vaping)
- ☐ Gambling
- ☐ Taking illegal drugs or prescription drugs for non-medical reasons
- ☐ Other: _____
- ☐ None of the above

Auxiliary aids and services, free of charge, are available to you. **855-223-9868 (TTY: 711)**, Monday through Friday, from 8:00 a.m. to 5:00 p.m., Central time.

Humana Inc. and its subsidiaries comply with Section 1557 by providing free auxiliary aids and services to people with disabilities when auxiliary aids and services are necessary to ensure an equal opportunity to participate. Services include qualified sign language interpreters, video remote interpretation, and written information in other formats.

English Call the number above to receive free language assistance services.

Español (Spanish) Llame al número que se indica arriba para recibir servicios gratuitos de asistencia lingüística.

Tiếng Việt (Vietnamese) Gọi số điện thoại ở trên để nhận các dịch vụ hỗ trợ ngôn ngữ miễn phí.

繁體中文 **(Chinese)** 您可以撥打上面的電話號碼以獲得免費的語言協助服務。

한국어 **(Korean)** 무료 언어 지원 서비스를 받으려면 위 번호로 전화하십시오.

Deutsch (German) Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

العربية (Arabic): اتصل برقم الهاتف أعلاه للحصول على خدمات المساعدة اللغوية المجانية.

မြန်မာနိုင်ငံ (Burmese) အခမဲ့ ဘာသာစကား အကူအညီ ဝန်ဆောင်မှုများ ရယူရန် အထက်ပါ ဖုန်းနံပါတ်ကို ခေါ်ဆိုပါ။

Hmoob (Hmong) Hu rau tus xov tooj saum toj sauv kom tau txais kev pab txhais lus dawb.

Tagalog (Tagalog – Filipino) Tawagan ang numero sa itaas para makatanggap ng mga libreng serbisyo sa tulong sa wika.

Français (French) Appelez le numéro ci-dessus pour recevoir des services gratuits d’assistance linguistique.

ພາສາລາວ (Lao): ໂທຫາເບີໂທລະສັບຂ້າງເທິງ ເພື່ອຮັບບໍລິການ ຊ່ວຍເຫຼືອດ້ານພາສາຟຣີ.

ภาษาไทย (Thai): โทรไปที่หมายเลขด้านบนเพื่อรับบริการช่วยเหลือด้านภาษาฟรี

اُردُو (Urdu) مفت لسانی اعانت کی خدمات موصول کرنے کے لیے درج بالا نمبر پر کال کریں۔

tsalagi gawonihisdi (Cherokee) ᏫᏴᏓᏏ ᎾᏍᎩ ᏕᏲᎳᏗᏟ ᏗᏎᏍᏓ ᎾᎢ ᎠᏎᏫ ᏕᏬᏂᏗᏍᏗ ᎤᎾᏓᏍᏕᎸᏗ ᎢᏳᎾᏓᏛᏁᏗᎢ.

فارسی (Farsi) برای دریافت خدمات رایگان زبانی با شماره بالا تماس بگیرید.

This notice is available at **Humana.com/OklahomaDocuments**.

Humana Healthy Horizons in Oklahoma is a Medicaid product of Humana Wisconsin Health Organization Insurance Corporation.

OKHMEDXEN_Approved