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. Are you of Hispanic, Latino/a, or Spanish origin? (One or more may be selected)

- ☐ No, not of Hispanic, Latino/a, or Spanish origin
- ☐ Yes, Cuban
- ☐ Yes, Mexican, Mexican American, Chicano/a
- ☐ Yes, another Hispanic, Latino, or Spanish origin
- ☐ Yes, Puerto Rican

2. What is your race? (One or more may be selected)

- ☐ White
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ American Indian or Alaska Native

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

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

3a. If yes, please describe:

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

3b. Do you or your caregiver need translation services?

- ☐ Yes
- ☐ No

Health Risk Screening — continued

4. 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

5. What was your sex at birth?

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

6. 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

7. 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

8. 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

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. 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
- ☐ Clothing
- ☐ Utilities
- ☐ Child care
- ☐ Medicine or any health care (Medical, Dental, Mental Health, Vision)
- ☐ Phone
- ☐ Other — describe: _____
- ☐ I choose not to answer this question

Health Risk Survey — continued

12. Has lack of transportation kept you from any of the following or other things needed for daily living? Check all that apply.

- ☐ Getting to medical appointments
- ☐ Getting medications
- ☐ Getting to non-medical meetings
- ☐ Getting to appointments
- ☐ Getting to work
- ☐ Getting things that I need
- ☐ No, a lack of transportation has caused any hardship
- ☐ I choose not to answer this question

13. 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
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

Feeling down, depressed, or hopeless

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

Feeling nervous, anxious or on edge

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

Not being able to stop or control worrying

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

14. How do you describe your health?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

15. (Females) Are you Pregnant?

- ☐ Yes
- ☐ No

16. 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: _____

Health Risk Survey — continued

17. Do you currently take prescription medicine?

☐ Yes ☐ No ☐ N/A

17a. Are you able to obtain all medications when needed?

☐ Yes ☐ No ☐ N/A

17b. Are you taking them as prescribed?

☐ Yes ☐ No ☐ N/A

18. 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) _____

19. 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) _____

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

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

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

☐ 1 time ☐ 3 times ☐ 5 times

☐ 2 times ☐ 4 times ☐ More than 5 times

Describe why you went to the ER: _____

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

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

☐ 1 time ☐ 3 times ☐ 5 times

☐ 2 times ☐ 4 times ☐ More than 5 times

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

☐ I haven't stayed overnight in the hospital.

Health Risk Survey — continued

23. 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: _____

24. Do you have a caregiver?

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

24a. 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

25. 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

26. 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

26a. Would you like to talk with someone about this?

- ☐ Yes
- ☐ No

27. 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

Call If You Need Us

If you have questions or need help reading or understanding this document, call us at **855-223-9868 (TTY: 711)**. We are available Monday through Friday, from 8 a.m. to 5 p.m., Central time. We can help you at no cost to you. We can explain the document in English or in your first language. We can also help you if you need help seeing or hearing. Please refer to your Member Handbook regarding your rights.

Important!

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
  Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618.
  If you need help filing a grievance, call **855-223-9868** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, **Office for Civil Rights** electronically through their Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at **https://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf**.

Auxiliary aids and services, free of charge, are available to you. **855-223-9868 (TTY: 711)**

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

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

Language assistance services, free of charge, are available to you.
855-223-9868 (TTY: 711)

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 ᏕᏗᎳᏗᏟ ᏗᏎᏍᏓ ᎾᎢ ᎠᏎᏊ ᏕᏬᏂᎯᏍᏗ ᏅᎾᏓᏍᏕᏘᏗ ᎢᏳᎾᏓᏛᏁᏗᎢ.

فارسی (Farsi) .دیریگب سامت قوف هرامش اب ناگیار تروصب یناب ز تلایهست تفایرد یارب