

Health Risk Assessment

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 _____

Mail completed form to **Humana Member Experience, P.O. Box 14225, Lexington, KY 40512.**

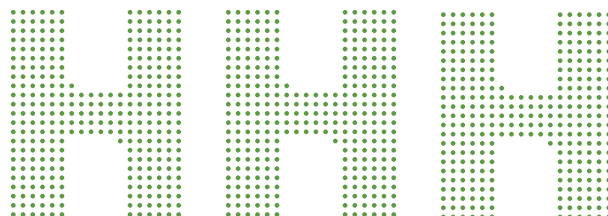
1. Complete the following statement. I am answering this survey about...

Myself	A person I provide care for 21 and over
A person I provide care for under 21	Other

For the rest of the survey, please think about the person you selected in question 1 when answering all questions. Please select the option that best describes that person.

2. Which one or more of the following would you say is your race? (Choose all that apply)

American Indian or Alaska Native	Native Hawaiian or other Pacific Islander
Asian	White
Black or African American	Other race



Health Risk Assessment—continued

3. Are you of Hispanic, Latino/a, or Spanish origin? (Choose all that apply)

No, not of Hispanic, Latino/a,
or Spanish origin
Yes, Mexican, Mexican American, Chicano/a

Yes, Puerto Rican
Yes, Cuban
Yes, another Hispanic, Latino/a,
or Spanish origin

4. Do you have serious difficulty seeing, even when wearing glasses?

Yes No

4a. If you have difficulty seeing, do you use any of the following to help your sight? (Choose all that apply)

Qualified readers
Taped texts
Audio recordings
Braille materials and displays
Screen reader software

Magnification software
Optical readers
Secondary auditory programs (SAP)
Large-print materials
Other

5. Do you have serious difficulty hearing?

Yes No

5a. If you have difficulty hearing, do you use any of the following to help your hearing?

Language interpreter
Assistive listening devices and systems
Telephone compatible with hearing aids
Closed caption decoders
Open and closed captioning, including
real-time captioning

Voice, text, and video-based
telecommunications products and systems,
including text telephones
Teletypewriter (TTY), videophones, and
captioned telephones or equally effective
telecommunications device
Videotext displays
Other

Health Risk Assessment—continued

6. What is the highest level of school you have completed, or the highest degree received?

Less than high school
Some high school, but no diploma
High school graduate or equivalent
(GED/vocational/trade school graduate)
Some college, but no degree

Associate degree (1- to 2-year occupational,
technical or academic program)
Four-year college graduate/
bachelor's degree
Advanced degree (including master's,
professional degree or doctorate)

7. Describe your current living situation.

I have a steady place to live.
I have a place to live today, but I am
worried about losing it in the future.

I do not have a steady place to live (I am
temporarily staying with others, in a hotel,
in a shelter, living outside on the street, on
a beach, in a car, abandoned building, bus
or train station, or in a park).

7a. Does your current living situation have any of the following problems? (Choose all that apply)

Pests such as bugs or rodents
Mold
Lead paint or pipes
Lack of heat

Oven or stove not working
Smoke detectors missing or not working
Water leaks
Other safety concerns
None of the above

8. At any time in the past year, have you run out of food before you got money to buy more?

Yes No

9. In the past year, have you had trouble getting to medical appointments or getting things you need because of transportation?

Yes No

10. In the past year, have you been told that the electric, gas, oil or water may be shut off in your home?

Yes No

Health Risk Assessment—continued

11. Do you currently have internet access?

Yes No

11a. How do you access the internet? (Choose all that apply)

Home	Work/school
Cell phone	Public location
Borrowed device	Other

12. Do you need help finding or keeping work?

Yes No I am unable to work due to a disability

13. Are you or could you currently be pregnant?

Yes No Not applicable

14. What gender do you (member) identify with?

Male	Genderqueer/non-binary, neither exclusively male or female
Female	Other
Female-to-male/transgender male/trans man	Decline to answer
Male-to-female/transgender female/trans woman	

15. What are your (member's) pronouns?

He/him/his	Other
She/her/hers	Decline to answer
They/them/theirs	

16. What is your (member's) sexual orientation?

Straight or heterosexual	Something else
Lesbian, gay or homosexual	Don't know
Bisexual	Decline to answer

Auxiliary aids and services, free of charge, are available to you.
877-856-5702 (TTY: 711), Monday through Friday, from 7:00 a.m. to 8:00 p.m., Eastern 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.

French Creole (Haitian Creole): Kreyòl Ayisyen (French Creole) Rele nimewo ki e dike anwo a pou resevwa sèvis éd gratis nan lang.

Українська (Ukrainian): Зателефонуйте за вказаним вище номером для отримання безкоштовної мовної підтримки.

नेपाली (Nepali): निःशुल्क भाषासम्बन्धी सहयोग सेवाहरू प्राप्त गर्नका लागि माथिको नम्बरमा फोन गर्नुहोस्।

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

Soomaali (Somali): Wac lambarka kore si aad u hesho adeegyada caawimaada luuqada oo bilaash ah.

Русский (Russian): Позвоните по вышеуказанному номеру, чтобы получить бесплатную языковую поддержку.

Kiswahili (Swahili): Piga simu kwa nambari iliyo hapo juu ili upate huduma za usaidizi wa lugha bila malipo.

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

Kinyarwanda (Burundi): Hamagara nomero yatanzwe haruguru kugira ngo uhabwe serivisi z'ubufasha bw'indimi ku buntu.

O'zbekcha (Uzbek): Til yuzasidan bepul yordam olish uchun yuqoridagi raqamga qo'ng'iroq qiling.

پښتو (Pashtu): د وړيا ژبې ملاتړ ترلاسه کولو لپاره پورته شميرې ته زنگ ووهئ.

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

ትግርኛ (Tigrinya):- ነፃ ናይ ቋንቋ ሓገዝ ኣገልግሎት ነምርካብ በዚ ኣብ ላዕሊ ዘሎ ቁፅሪ ይደውሉ።

دري (Dari): برای دریافت خدمات رایگان کمک زبانی با شماره بالا تماس بگیرید.

This notice is available at [Humana.com/OhioDocuments](https://www.humana.com/OhioDocuments).

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