

# 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...

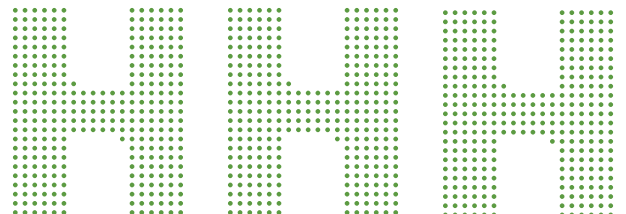
- Myself  A person I provide care for 21 and over  
 A person I provide care for under 21  Other

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

Continued →



## Health Risk Assessment—continued

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

- |   |   |
|---|---|
| <input type="checkbox"/> No, not of Hispanic, Latino/a, or Spanish origin | <input type="checkbox"/> Yes, Puerto Rican                                  |
| <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano/a        | <input type="checkbox"/> Yes, Cuban   |
|   | <input type="checkbox"/> 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)

- |   |  |
|---|--|
| <input type="checkbox"/> Qualified readers              | <input type="checkbox"/> Magnification software            |
| <input type="checkbox"/> Taped texts                    | <input type="checkbox"/> Optical readers                   |
| <input type="checkbox"/> Audio recordings               | <input type="checkbox"/> Secondary auditory programs (SAP) |
| <input type="checkbox"/> Braille materials and displays | <input type="checkbox"/> Large print materials             |
| <input type="checkbox"/> Screen reader software         | <input type="checkbox"/> 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?

- |   |   |
|---|---|
| <input type="checkbox"/> Language interpreter                                       | <input type="checkbox"/> Voice, text, and video-based telecommunications products and systems, including text telephones            |
| <input type="checkbox"/> Assistive listening devices and systems                    | <input type="checkbox"/> Teletypewriter (TTY), videophones, and captioned telephones or equally effective telecommunications device |
| <input type="checkbox"/> Telephone compatible with hearing aids                     | <input type="checkbox"/> Videotext displays   |
| <input type="checkbox"/> Closed caption decoders                                    | <input type="checkbox"/> Other  |
| <input type="checkbox"/> Open and closed captioning, including real-time captioning |   |

## Health Risk Assessment—continued

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

- |  |  |
|--|--|
| <input type="checkbox"/> Less than high school   | <input type="checkbox"/> Associate degree (1- to 2-year occupational, technical or academic program) |
| <input type="checkbox"/> Some high school, but no diploma  | <input type="checkbox"/> Four-year college graduate/ bachelor's degree                               |
| <input type="checkbox"/> High school graduate or equivalent (GED/vocational/trade school graduate) | <input type="checkbox"/> Advanced degree (including master's, professional degree or doctorate)      |
| <input type="checkbox"/> Some college, but no degree   |  |

### 7. Describe your current living situation.

- |  |  |
|--|--|
| <input type="checkbox"/> I have a steady place to live.  | <input type="checkbox"/> 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 or train station, or in a park). |
| <input type="checkbox"/> I have a place to live today, but I am worried about losing it in the future. |  |

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

- |  |   |
|--|---|
| <input type="checkbox"/> Pests such as bugs or rodents | <input type="checkbox"/> Oven or stove not working              |
| <input type="checkbox"/> Mold                          | <input type="checkbox"/> Smoke detectors missing or not working |
| <input type="checkbox"/> Lead paint or pipes           | <input type="checkbox"/> Water leaks                            |
| <input type="checkbox"/> Lack of heat                  | <input type="checkbox"/> Other safety concerns                  |
|  | <input type="checkbox"/> 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

## Call If You Need Us

If you have questions or need help reading or understanding this document, call us at **877-856-5702 (TTY: 711)**. We are available Monday through Friday, from 7 a.m. to 8 p.m., Eastern time. We can help you at no cost to you. We can explain the document in English or in your preferred 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, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services. 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 **877-856-5702** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the:
  - **Ohio Department of Medicaid (ODM), Office of Civil Rights** by emailing **ODM\_EEO\_EmployeeRelations@medicaid.ohio.gov**, faxing **614-644-1434**, or mailing to the Ohio Department of Medicaid, Office of Human Resources, Employee Relations, P.O. Box 182709, Columbus, Ohio 43218-2709; or
  - **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.

### **877-856-5702 (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 Ohio is a Medicaid Product of Humana Health Plan of Ohio, Inc.**

Language assistance services, free of charge, are available to you.

**877-856-5702 (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.

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

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

**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.

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

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

**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.

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

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

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

**Türkçe (Turkish):** Ücretsiz dil yardımı hizmetlerinden yararlanmak için yukarıdaki numarayı arayın.

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

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