Start your survey

South Carolina Medicaid is honored to be a part of your healthcare team. By completing this optional Health Risk Assessment (HRA), you help us get to know you and your health needs, so we can provide you the right support, resources, and care. Your responses are kept confidential and will not impact your plan benefits.

The survey is designed to be quick and respectful of your privacy, taking about five minutes to complete. If you have any questions or would like help with the HRA, please contact Member Services at 866-432-0001. We are here to support you and work together toward your health goals.

Member Information

Member name _____

Member address _____

Member phone _____ Member alternate 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 _____

Humana Member ID _____

Emergency contact name _____ Phone _____

Date survey completed _____

1. Are you completing this form for someone other than yourself?

☐ No	☐ Yes

If yes, what is your name and relationship to the member? (Name)?

_____

(Check your relationship):

☐ Parent	☐ Spouse	☐ Legal guardian	☐ Caregiver
☐ Sibling	☐ Other: (Describe relationship) _____		

Humana Healthy Horizons®

Healthy Connections

2. What is your preferred language?		
	Spoken	**Written**
English	☐	☐
Spanish	☐	☐
Arabic	☐	☐
French	☐	☐
Russian	☐	☐
Vietnamese	☐	☐
*Other	☐	☐

*If other, what is your preferred language: _____

3. Do you have any challenges with hearing including being deaf or hard of hearing?		
☐ Yes	☐ No	☐ Prefer not to answer

4. Do you have difficulty seeing, even when wearing glasses?		
☐ Yes	☐ No	☐ Prefer not to answer

5. What health conditions do you currently have or are you managing?				
☐ Allergies	☐ Anxiety	☐ Asthma	☐ Autism spectrum disorder	
☐ Bipolar disorder	☐ Cancer	☐ Dementia	☐ Depression	☐ Developmental delay
☐ Diabetes	☐ Eating disorder	☐ Emphysema/COPD/Other lung		
☐ Heart failure	☐ Hepatitis/Other liver condition	☐ High blood pressure		
☐ High cholesterol	☐ HIV or AIDS	☐ Kidney disease/Kidney failure on dialysis		
☐ Schizophrenia	☐ Sickle cell	☐ Strokecondition	☐ Substance use disorder	
☐ Obesity	☐ Previous heart attack or acute myocardial infarction (AMI)			
☐ Prefer not to answer	☐ None			

☐ Other: (Describe condition) _____

6. Are you currently pregnant?

☐ N/A ☐ No ☐ Yes, what is your due date? _____ ,
If yes, have you been able to see an OB provider? ☐ Yes ☐ No

7. In general, how would you rate your overall health?

☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor

8. Do you understand your health condition(s) and how to care for yourself to stay healthy?

☐ Yes ☐ No ☐ Prefer not to answer

9. Are you up to date on your vaccination?

☐ Yes ☐ No ☐ Unknown

10. What type of health care appointments have you attended in the last 12 months?

☐ Medical ☐ Behavioral health/Mental health ☐ Dental ☐ Vision

☐ Stayed in the hospital overnight and treated for: _____

☐ Prefer not to answer

11. In the past 3 months, how many times did you visit the ER?

☐ One time ☐ Two times ☐ Three or more times

Reason for visit(s) _____

☐ None ☐ Don't know ☐ Prefer not to answer

12. Do you currently use any nicotine products such as cigarettes, vapes or smokeless tobacco?

☐ Yes ☐ No ☐ Prefer not to answer

Note: If you would like assistance with quitting, call 800-QUIT-NOW (784-8669).

13. Do you take prescription or over-the-counter (OTC) medications each day?

☐ Prescription ☐ OTC ☐ Both prescription and OTC

☐ None ☐ Prefer not to answer

14. Do you currently use alcohol?

☐ Yes ☐ No ☐ Prefer not to answer

15. Do you use any substances or prescription medications not prescribed to you?

☐ Yes	☐ No	☐ Prefer not to answer

16. Has alcohol or drug use made it hard for you to work, keep relationships or meet your daily needs?

☐ Yes	☐ No	☐ Prefer not to answer

Note: Misuse of substances could cause serious injury or death. Call 1-800-662-HELP (4357) for 24/7 help finding treatment near you.

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

☐ Accessing medication	☐ Clothing	☐ Employment	
☐ Food resources	☐ Transportation	☐ Managing finances	
☐ Safety	☐ Caring for yourself	☐ None	☐ Prefer not to answer

☐ Other (please explain) _____

18. Because of physical, mental or emotional conditions, do you need help performing any of the following activities? (Select all that apply)

☐ Bathing	☐ Eating	☐ Dressing	☐ Accessing/Managing medication
☐ Shopping	☐ Managing finances	☐ Managing your home (chores)	
☐ Mobility (Such as climbing stairs, walking, getting dressed or bathing)			
☐ None	☐ Prefer not to answer		

☐ Other (please explain) _____

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

☐ Yes, it has kept me from medical appointments or from getting my medications

☐ Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need.

☐ None	☐ Prefer not to answer

20. What is your 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)
- ☐ Prefer not to answer

21. Do you need assistance with housing or access to a shelter?

☐ Yes ☐ No ☐ Prefer not to answer

Note: To connect with Community Resources near you, contact the United Way by calling 2-1-1 or text "Help" to 211-211 or visit SC211.org.

22. Do you have difficulty concentrating, remembering, or making decisions?

☐ Never ☐ Rarely ☐ Sometimes

☐ Always ☐ Prefer not to answer

23. Stress is when someone feels tense, nervous, anxious, or cannot sleep at night because their mind is troubled. How stressed are you?

☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit

☐ Very much ☐ Prefer not to answer

24. How often do you see or talk to people that you care about and feel close to? (e.g., talking to friends on the phone, visiting friends or family, going to church, or club meetings)

☐ Less than once a week ☐ 1 to 2 times a week ☐ 3 to 5 times a week

☐ 5 or more times a week ☐ Prefer not to answer

25. Over the past two weeks, how often have you been bothered by the following problems?

Having little interest or pleasure in doing things?

☐ Not at all	☐ Several days	☐ More than half the days
☐ Nearly every day	☐ Prefer not to answer	

Feeling down, depressed, or hopeless?

☐ Not at all	☐ Several days	☐ More than half the days
☐ Nearly every day	☐ Prefer not to answer	

26. Have you had thoughts about harming yourself or others?

☐ Not at all	☐ Several days	☐ More than half the days
☐ Nearly every day	☐ Prefer not to answer	

Note: Call or text 988 for help if you have thoughts of hurting yourself.

27. Do you feel physically and emotionally safe where you currently live?

☐ Yes	☐ No	☐ Not sure	☐ Prefer not to answer

28. In the past year, have you been afraid of your partner or ex-partner?

☐ Yes	☐ No	☐ I have not had a partner in the last year
☐ Not sure	☐ Prefer not to answer	

29. In the past year, have you spent more than 2 nights in a row in a jail, prison, detention center, or juvenile correctional facility?

☐ Yes	☐ No	☐ Prefer not to answer

Note: For safety assistance, Call 800-799-SAFE to get help if someone close to you makes you feel unsafe.

General Information

30. How would you best describe your race?

☐ American Indian or Alaska Native	☐ Asian	☐ Black or African American
☐ Native Hawaiian or other Pacific Islander	☐ White	☐ Unknown

☐ Other (please explain) _____

☐ Prefer not to answer

31. What is your Ethnicity? Check all that apply:

☐ African	☐ English	☐ Italian	☐ Nigerian
☐ African American	☐ Egyptian	☐ Israeli	☐ North African
☐ American Asian	☐ Ethiopian	☐ Jamaican	☐ Polish
☐ Brazilian	☐ European	☐ Japanese	☐ Portuguese
☐ Cambodian	☐ Filipino	☐ Korean	☐ Puerto Rican
☐ Caribbean Islander	☐ French	☐ Laotian/Lao	☐ Russian
☐ Central American	☐ German	☐ Latino	☐ Salvadoran
☐ Chinese	☐ Guatemalan	☐ Lebanese	☐ South African
☐ Colombian	☐ Haitian	☐ Mexican	☐ South American
☐ Cuban	☐ Hispanic	☐ Mexican American	☐ Syrian
☐ Dominican	☐ Honduran	☐ Middle Eastern	☐ Vietnamese
☐ East African	☐ Iranian	☐ Moroccan	☐ West African
☐ Eastern European	☐ Irish	☐ Native American	

☐ Ethnicity not listed (note your ethnicity) _____

☐ Unknown	☐ Prefer not to answer

32. Are you of Hispanic, Latino/a or Spanish origin?

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

We may reach out to you for more information about your answers and health needs.

33. What is your highest level of education?

- ☐ Elementary school (k -5)
- ☐ Middle school (6 -8)
- ☐ High school (9 -12)
- ☐ High school graduate
- ☐ Some college
- ☐ College graduate
- ☐ Graduate school
- ☐ Not applicable
- ☐ Unknown
- ☐ Prefer not to answer

For members younger than 18 years old, skip questions 34 to 37 below

34. What was your sex at birth?

- ☐ Male
- ☐ Female
- ☐ Unavailable
- ☐ Prefer not to answer

35. What gender do you currently identify with?

- ☐ Female
- ☐ Female-to-male/ transgender male/ trans man
- ☐ Male
- ☐ Male-to-female/transgender female/trans woman
- ☐ Genderqueer/nonbinary, neither exclusively male or female
- ☐ Other
- ☐ Prefer not to answer

36. What are your pronouns?

- ☐ He/him/his
- ☐ She/her/hers
- ☐ They/them/theirs
- ☐ Other (please explain)
- ☐ Prefer not to answer

37. What is your sexual orientation?

- ☐ Straight or heterosexual
- ☐ Lesbian, gay, or homosexual
- ☐ Bisexual
- ☐ Something else
- ☐ Do not know
- ☐ Prefer not to answer

Thank you for completing our survey

How to submit your completed Health Risk Assessment

After you've finished the assessment, please return this document using the information in the chart below.

Contact number:	**866-432-0001 (TTY: 711)**, Monday – Friday, 8 a.m. – 8 p.m., Eastern time
Email:	**MedicaidHRA@humana.com**
Mail:	P.O. Box 14822, Lexington, KY 40512-4822

If you have any questions or would like more information about the topics discussed in this survey, we are here to help. At Humana, we are committed to being a partner in your health and supporting you every step of the way. Please contact Member Services at **866-432-0001 (TTY: 711)** or visit **Humana.com/HealthySouthCarolina** for more resources.

Thank you for your participation and have a great day.

Auxiliary aids and services, free of charge, are available to you. **866-432-0001 (TTY: 711)**, Monday through Friday, from 8:00 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.

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。

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

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

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

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

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

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

ગુજરાતી (Gujarati): મફત ભાષા સહાય સેવાઓ મેળવવા માટે ઉપર આપેલા નંબર પર કૉલ કરો.

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

Português (Portuguese): Ligue para o número acima para receber serviços gratuitos de assistência no idioma.

日本語 (Japanese): 無料の言語支援サービスを受けるには、上記の番号までお電話ください。

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

हिंदी (Hindi): भाषा सहायता सेवाएं मुफ्त में प्राप्त करने के लिए ऊपर के नंबर पर कॉल करें।

ខ្មែរ (Cambodian): ហៅមកលេខទូរស័ព្ទខាងលើ ដើម្បីទទួលបានសេវាកម្មបកប្រែភាសាដោយមិនអស់ប្រាក់ ។

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

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