

# Start your survey

To ensure you're getting the best care, we'd like to ask some questions about your health, including questions related to race, ethnicity, language, gender identity and sexual orientation. We gather this information to ensure we are addressing each member's whole health. The information will remain confidential. We want to address every need with a resource. We provide the survey with sensitivity and privacy for all members. Please answer the questions to the best of your ability. Your answers won't affect your plan benefits. This should take about five minutes.

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 \_\_\_\_\_

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

Yes                      No                      If yes, what is your name? \_\_\_\_\_

## 2. What is your relationship to the member?

Parent                      Legal guardian                      Caregiver                      Sibling  
Spouse                      Other

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

Excellent                      Very good                      Good                      Fair  
Poor

**4. Are you currently taking any prescribed medications?**

Yes

No

**5. Has a doctor ever told you that you have diabetes?**

Yes

No

**6. Has a doctor ever told you that you have high blood pressure?**

Yes

No

**7. Has a doctor ever told you that you have heart disease?**

Yes

No

**8. Has a doctor ever told you that you have kidney disease?**

Yes

No

**9. Has a doctor ever told you that you have cancer?**

Yes

No

**10. Has a doctor ever told you that you have asthma?**

Yes

No

**11. Has a doctor ever told you that you have COPD?**

Yes

No

**12. Has a doctor ever told you that you have allergies?**

Yes

No

**13. Has a doctor ever told you that you have HIV or AIDS?**

Yes

No

**14. Has a doctor ever told you that you have hepatitis?**

Yes

No

**15. Has a doctor ever told you that you have depression?**

Yes

No

**16. Has a doctor ever told you that you have anxiety?**

Yes

No

**17. Has a doctor ever told you that you have bipolar disorder?**

Yes

No

**18. Has a doctor ever told you that you have schizophrenia?**

Yes

No

**19. Are you currently pregnant?**

Yes → Go to Q20

No

**20. What is your due date?**

**21. Do you have difficulty seeing, even when wearing glasses?**

Yes

No

**22. Do you have any challenges with hearing including being deaf or hard of hearing?**

Yes

No

**23. Do you currently use alcohol?**

Yes

No

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

Yes

No

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

Accessing medication

Clothing

Employment

Food resources

Getting to medical appointments

Managing finances

Safety

None

**26. What is your living situation?**

Own with no issues

Rent with no issues

Temporary housing → Go to Q27

Homeless → Go to Q27

Other → Go to Q27

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

Yes

No

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

Bathing                      Eating                      Dressing                      Shopping  
Mobility (Such as climbing stairs, walking, getting dressed or bathing)

**29. Over the last two weeks, how often have you felt down, having little interest or pleasure in doing things?**

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

**30. Have you been to the dentist in the past year?**

Yes                      No

**31. How many times have you been to the emergency room in the last three months?**

None                      One-two                      Three or more

**32. 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                      Decline to answer  
N/A

**33. What language do you prefer your doctor or nurse speaking?**

English                      Spanish                      Other

**34. In what language do you prefer to read medical or health care instructions?**

English                      Spanish                      Other

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

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                      Decline to answer

### 36. How would you best describe your race?

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

### 37. What was your sex at birth?

Male	Female	Unavailable	Declined to answer
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### 38. What gender do you currently identify with?

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

### 39. What are your pronouns?

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

### 40. What is your sexual orientation?

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

### 41. Would you like someone from Humana to reach out to you about any of your responses to this survey?

Yes	No
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**Thank you for completing our survey.**

For information and resources related to topics discussed in this survey, please call the Member Services number listed on the back of your ID Card or visit [Humana.com/HealthySouthCarolina](https://www.humana.com/HealthySouthCarolina). Thank you 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 કોલ 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](https://www.humana.com/SouthCarolinaDocuments).

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