Mail or Fax Completed Form to:
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10 Canebrake Boulevard, Suite 110
Flowood, MS 39232
Fax: 1-662-350-0412
Download form and mail completed form to above address or bring to your first doctors visit.

Health Risk Assessment

Name:
Pronouns:
Date:
DOB:

1. **What is your age?**

   □18-64 □65-69 □ 70-79 □80 or older

2. **Gender at birth**

   □Male □Female □Do not wish to answer.

3. **What is your race? (Check all that apply.)**

   □White.

   □Black or African American.

   □Asian.

   □Native Hawaiian or Pacific Islander.

   □American Indian or Alaskan Native

   □Two or more races

   □Middle Eastern or North African

   □Other

   □Not Hispanic or Latino origin or descent.

   □Hispanic or Latino origin or descent.

   □Declined to answer

4. **What is your primary Language? (Spoken and Reading)**

   □English

   □Spanish

   □Other

   □Declined to answer

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5. What medical conditions do you have, or have you had in the past? (Please indicate all that apply.)

- □ Anxiety
- □ Asthma
- □ Bipolar disorder
- □ Cancer
- □ COPD/ emphysema
- □ Coronary heart disease
- □ Dementia
- □ Depression
- □ Diabetes
- □ Hearing problems
- □ Heart failure
- □ Hypertension
- □ Organ transplant
- □ Renal/kidney failure
- □ Schizophrenia
- □ Stroke
- □ None
- □ Vision problem
- □ Other

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6. **During the past four weeks, how would you rate your health in general?**

   □Excellent

   □Very good

   □Good

   □Fair

   □Poor

7. **During the past four weeks, how much have you been bothered by emotional problems such as feeling anxious, depressed, irritable, sad, or downhearted and blue?**

   □Not at all

   □Slightly

   □Moderately

   □Quite a bit

   □Extremely

8. **Has your physical and emotional health limited your social activities with family, friends, neighbors, or groups during the past four weeks?**

   □Not at all

   □Slightly

   □Moderately

   □Quite a bit

   □Extremely

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9. **During the past four weeks, how much bodily pain have you generally had?**

   □No pain

   □Very mild pain

   □Mild pain

   □Moderate pain

   □Severe pain

10. **During the past four weeks, has someone been available to help you if you needed and wanted help? (For example, if you felt very nervous, lonely, or blue, got sick and had to stay in bed, needed someone to talk to, needed help with daily chores, or needed help taking care of yourself.)**

    □Yes, as much as I wanted

    □Yes, quite a bit

    □Yes, some

    □Yes, a little.

    □No, not at all

11. **Do you exercise regularly (20 min or more) or participate in a physical exercise program?**

    □Yes, daily

    □Yes, more than **three** times a week

    □Yes, fewer than **three** times a week

    □No

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12. **Can you get to places out of walking distance without help? (For example, can you travel alone on buses or taxis or drive your own car?)**

□Yes □No

13. **Do you always fasten your seat belt in a car?**

□Yes, usually

□Yes, sometimes

□No

14. **Can you go shopping for groceries or clothes without someone's help?**

□Yes □No

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15. **Can you prepare your own meals?**
□Yes □No

16. **Can you do your housework without help?**

□Yes □No

17. **Do you need help with personal care such as eating, bathing, dressing, or getting around the house because of health problems?**

□Yes □No

18. **Can you handle your own money without help?**

□Yes □No

19. **Transportation**

In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work, or getting things needed for daily living?[1]

□Yes

□No

20. **Housing**

What is your living situation today?[2]

□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)

Think about the place where you live. Do you have problems with any of the following?[3] **CHOOSE ALL THAT APPLY**
□Pests such as bugs, ants, or mice

□Mold

□Lead paint or pipes

□Lack of heat

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□The oven or stove is not working

□Smoke detectors are missing or not working

□Water leaks

□None of the Above

21. Utilities

In the past 12 months, has the electric, gas, oil, or water company threatened to shut of services in your home? [4]

□Yes

□No

□Already shut of

22. Safety

Because violence and abuse happen to a lot of people and affect their health, we are asking the following questions. [5]

How often does anyone, including family and friends, physically hurt you?

□ Never

□Rarely

□Sometimes

□Fairly often

□Frequently

How often does anyone, including family and friends, insult or talk down to you?

□Never

□Rarely

□Sometimes

□Fairly often

□Frequently

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23. Have you fallen in the past year? (A fall is when your body goes to the ground without being pushed.)

□Yes □No

24. Are you afraid of falling?

□Yes □No

25. How often do you have trouble taking medicines as you have been told to take them?

□I do not have to take medicine

□I always take them as prescribed

□Sometimes, I take them as prescribed

□I seldom take them as prescribed

26. <u>Food</u>

Please answer whether the statements were OFTEN, SOMETIMES, or NEVER true for you and your household in the last 12 months. [6]

Within the past 12 months, you worried that your food would run out before you got money to buy more.

□Often true

□Sometimes true

□Never true

Within the past 12 months, the food you bought just didn't last, and you didn't have money to get more.

□Often true

□Sometimes true

□Never true

27. Weight loss without trying during the last three months?

□ I do not know
□ No weight loss or less than 2 pounds
□ Weight loss of 2-6 pounds
□ Weight loss greater than 7 pounds

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28. Height___Weight___□ I do not know

29. How would you describe your current mobility?

□ Unable to get out of a bed, a chair, or a wheelchair without the assistance of another person.

□ I can get out of bed or a chair, but I can't leave home.

□ Able to leave my home.

30. During the past four weeks, how many drinks of wine, beer, or other alcoholic beverages did you have?

□10 or more drinks per week

□6-9 drinks per week

□2-5 drinks per week

□One drink or less per week

□No alcohol at all

31. Are you a smoker?

□No.

□Yes, and I might quit

□Yes, but I'm not ready to quit

32. How confident are you that you can control and manage most of your health problems?

□Very confident

□Somewhat confident

□Not very confident

□I do not have any health problems

33. Have you had a flu shot this year, or do you plan on getting one?

□Yes □No

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34. When was the last time you had a:

	The Past Year	In the last 2-5 years	Over 5 years	Never	N/A
Pneumonia vaccine?	□	□	□	□	□
Breast cancer screening (Mammogram)?	□	□	□	□	□
Colorectal cancer screening (Colonoscopy)?	□	□	□	□	□
Cervical cancer screening (PAP Smear)?	□	□	□	□	□

35. In the past 3 months, how many times have you been to the emergency room?
□0 □1-2 □3 or more

36. In the past 6 months, how often have you had unplanned overnight stays as a hospital patient?
□0 □1-2 □3 or more

Advanced care planning

37. Do you have a Medical Power of Attorney? (Someone to make medical decisions for you in the event you are unable to)
□Yes □No □I do not know

38. Do you have a living will/advance directive? (Documents that make your health care wishes known)
□Yes □ No □I do not know

Medication Transfer

39. I understand that I have the freedom to choose any pharmacy for my prescription needs.
For potential cost savings,
_____I agree
_____I do not agree
to have my prescription transferred to the plan's preferred pharmacy – MRH Outpatient Pharmacy.

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Member Signature _____Date_____

Broker Name _____ID/NPN_____

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Healthy Mississippi, Inc.'s pharmacy network includes limited lower-cost, preferred pharmacies in our service area, including in suburban and rural counties across Mississippi. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call 833-201-6413, and TTY 711 or consult the online pharmacy directory at www.healthy-ms.com.

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Citations

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