Health Risk Screening: Adult (Ages 18–64)

Member Information

1. Preferred mailing address: _____
2. Preferred phone number: +__ (_____) _____-_____
3. Email address: _____
4. Race:

☐ American Indian / Alaska Native
☐ Asian
☐ Black / African American
☐ Native Hawaiian / Other Pacific Islander
☐ White
☐ Other
☐ I prefer not to answer
☐ Unknown

Please list other race: _____

Are you Native American?

☐ Yes ☐ No ☐ I prefer not to answer ☐ Unknown

Are you eligible to receive Indian Health Services?

☐ Yes ☐ No ☐ I prefer not to answer ☐ Unknown

5. Ethnicity:

☐ Hispanic or Latino
☐ Not Hispanic or Latino
☐ Other
☐ I prefer not to answer
☐ Unknown

Please list other ethnicity: _____

6. Preferred Language:

☐ English ☐ Spanish ☐ Other ☐ Unknown

Please list other preferred language: _____

7. What is your sex?

☐ Female ☐ Male ☐ I prefer not to answer

8. What is the highest level of education you have completed?

- ☐ No schooling completed
- ☐ Some high school, no diploma
- ☐ Some college credit, no degree
- ☐ Associate degree
- ☐ Master's degree
- ☐ I prefer not to answer
- ☐ Grade school to 8th grade
- ☐ High school graduate, diploma, or GED
- ☐ Trade/Technical/Vocational school
- ☐ Bachelor's degree
- ☐ Doctorate degree or equivalent
- ☐ Unknown

9. Do you have any problems with your hearing, vision, or speech requiring special services?

☐ Yes ☐ No ☐ I prefer not to answer ☐ Unknown

Please explain problems with hearing, vision, or speech: _____

10. Do you need interpretation services?

☐ Yes ☐ No ☐ I prefer not to answer ☐ Unknown

11. In what language do you prefer written materials?

☐ English ☐ Spanish ☐ I prefer not to answer ☐ Other

Please list other language for written materials: _____

12. How difficult is it for you to understand information that doctors, nurses, and other health professionals tell you? Would you say it is:

☐ Very easy ☐ Somewhat easy ☐ Somewhat difficult ☐ Very difficult

13. How many family members, including yourself, do you currently live with?

_____

Global Health / Safety

14. In general, how would you rate your health?

☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor ☐ Unknown

If you chose Poor, please explain the reason for poor health rating: _____

_____

15. On a scale from 0–10, how ready are you to make changes for your health?

- ☐ 0-3 Not Ready to Change
- ☐ 4-7 Unsure
- ☐ 8-10 Ready for Change
- ☐ No Changes Needed
- ☐ Unknown

If you wrote 8–10, what changes are you ready to make for your health? _____

_____

16. Do you have a doctor or health care provider?

☐ Yes ☐ No ☐ Unknown

If you answered yes, what is your doctor or health care provider's name? _____

17. It is important to identify a doctor or health care provider to help you stay healthy and in case you get sick. **Would you like assistance with picking a doctor or health care provider?**

☐ Yes ☐ No

18. Have you seen your doctor or health care provider in the last 12 months?

☐ Yes ☐ No ☐ Unknown

If you answered yes, what did you see your doctor or healthcare provider for in the past 12 months?

☐ Preventative care/Wellness ☐ Sick care visit ☐ Post-hospital visit
☐ Post-Emergency room visit ☐ Other visit

If you chose Other visit, what was the visit for? _____

19. Regular wellness exams can help make sure you stay as healthy as you can. **Would you like help making an appointment?**

☐ Yes ☐ No

20. How many times have you been to the hospital in the last 3 months?

☐ None ☐ One time ☐ Two times
☐ Three or more times ☐ Unknown

21. How many times have you been in the Emergency Department in the last 3 months?

☐ None ☐ One time ☐ Two times
☐ Three or more times ☐ Unknown

22. How many medicines are you currently taking that were prescribed by your doctor or health care provider?

☐ 0 prescriptions ☐ 1-3 prescriptions ☐ 4-7 prescriptions
☐ Greater than or equal to 8 prescriptions ☐ Unknown

23. Does anything prevent you from taking your medicines the way your doctor or health care provider wants you to?

☐ Yes ☐ No ☐ Unknown

What prevents you from taking your medicines? _____

Do you ever forget to take your medicines?

☐ Yes ☐ No ☐ Sometimes ☐ Unknown

24. When was the last time you saw a dentist?

☐ In the last 6 months ☐ In the last 12 months ☐ More than 12 months ago

Great job! Keep it up!

☐ Have never seen one ☐ Unknown

Routine dental care is important for your oral and physical health. Lack of routine dental care can lead to gum disease. Gum disease has been linked to preterm babies, stroke, and uncontrolled diabetes.

25. What is your height? (enter in feet/inches)

Feet	Inches
☐ 2	☐ 0
☐ 3	☐ 1
☐ 4	☐ 2
☐ 5	☐ 3
☐ 6	☐ 4
☐ 7	☐ 5
☐ Unknown	☐ 6
	☐ 7
	☐ 8
	☐ 9
	☐ 10
	☐ 11
	☐ Unknown

26. What is your weight? (enter response in pounds)_____lbs.

27. Have you or a health care provider been concerned about your weight?

☐ Yes - Overweight ☐ Yes - Underweight ☐ No ☐ Unknown

28. Are you interested in losing weight?
☐ Yes ☐ No ☐ Unknown

29. Do you eat a healthy diet, such as eating fruits, vegetables, and whole grains every day and limiting your sugar and saturated fats?
☐ Yes, most of the time ☐ Yes, sometimes ☐ No, not very often ☐ Unknown

30. Do you participate in regular physical activity?
☐ Yes ☐ No ☐ I am unable to exercise due to medical conditions ☐ Unknown
Regular physical activity helps improve your overall health and fitness, and reduces your risk for many chronic diseases. It is recommended to get at least 150 minutes of moderate exercise and 2 days of muscle strengthening in each week.

31. Have you received a flu shot in the last 12 months?
☐ Yes ☐ No ☐ Unknown
Flu shots are recommended for everyone over 6 months of age every year. Getting an annual flu shot is the best way to protect yourself and your family from the flu.

32. Do you always use a seat belt when you drive or ride in a car?
☐ Yes ☐ No ☐ Unknown ☐ N/A
Seat belt use is one of the most effective ways to save lives and reduce injuries in crashes.

33. Are you age 50 to 75?
☐ Yes ☐ No

Have you been screened for colon cancer since you turned 50?
☐ Yes ☐ No ☐ N/A – History of colon cancer or colectomy ☐ Unknown

34. Are you female?
☐ Female, Age 18-20 ☐ Female, Age 21-24 ☐ Female, Age 25-49

☐ Female, Age 50-64 ☐ No ☐ Unknown

If you are sexually active now or have been in the past, have you had a test for STIs like chlamydia within the last year?
☐ Yes ☐ No ☐ Unknown ☐ N/A – no sexual history

Have you had a PAP smear in the last three years?
☐ Yes ☐ No ☐ Unknown

Are you pregnant?

☐ Yes ☐ No ☐ Unknown

If you are pregnant, when is the due date? _____/_____/_____

Do you get a mammogram to check for breast cancer at least every 2 years?

☐ Yes ☐ No ☐ Unknown

35. How often do you feel unsafe in your neighborhood?

☐ Never ☐ Rarely ☐ Sometimes ☐ Fairly Often ☐ Frequently

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

☐ Yes ☐ No ☐ Unknown ☐ I have not had a partner in the past year

Notes: _____

37. Which of the following types of equipment do you use that require electricity? (check all that apply)

☐ Wheelchair ☐ CPAP/BIPAP ☐ Refrigerated Medications ☐ Ventilator

☐ Oxygen ☐ None ☐ Other

Please list other equipment that requires electricity:

_____

38. Are you on dialysis?

☐ Yes ☐ No ☐ Choose not to answer

39. Are you considered homebound? (Homebound means that leaving your home takes considerable and taxing effort)

☐ Yes ☐ No ☐ Choose not to answer

Social Concerns

40. Do you have a paid or volunteer job in the community?

☐ Yes, I have a paid job ☐ No, but I'm interested in a volunteer or paid job ☐ Unknown

☐ Yes, I have a volunteer job ☐ No, and I'm not interested in a volunteer or paid job

41. On a scale of 0–10, where 0 = Health problems had no effect and 10 = Health problems had an effect, how much did your health problems affect your productivity while working during the past seven days?

☐ 0 (Health problems had no effect on work) ☐ 1-3 ☐ 4-6
☐ 7-10 (Health problems completely prevented me from working) ☐ Unknown

42. Do you currently have concerns about having enough money to pay for your basic needs?

☐ Yes ☐ No ☐ Unknown

If yes, please explain your concerns about money to pay for basic needs: _____

_____

_____

43. Do you feel unsafe in your daily life?

☐ Yes ☐ No ☐ Unknown

If no, please explain any safety concerns you have: _____

_____

_____

44. Do you have access to a safe, reliable telephone?

☐ Yes ☐ No ☐ Unknown

45. Do you have a primary caregiver who helps you on a regular basis?

☐ Yes ☐ No ☐ Unknown

If yes, does your caregiver adequately support your health care needs?

☐ Yes ☐ No ☐ Unknown

Who is your caregiver?

☐ Agency ☐ Family ☐ Friend ☐ Other _____

What is your caregiver's name? _____

What is your caregiver's phone number? +__ (____) _____-___

46. In the past year, have you or any family members you live with been unable to get any of the following when it was really needed? (Check all that apply)

☐ Food ☐ Clothing ☐ Dental care ☐ Mental health care ☐ Utilities
☐ Child care ☐ Phone ☐ Medical care ☐ Transportation ☐ Eye care

47. In the past 12 months, has the electric, gas, oil, or water company threatened to shut off services in your home?

☐ Yes ☐ No ☐ Already shut off

48. Currently, are you or any family members you live with unable to get any of the following when it was really needed? (Check all that apply)

☐ Food ☐ Clothing ☐ Dental care ☐ Mental health care ☐ Utilities
☐ Child care ☐ Phone ☐ Medical care ☐ Transportation ☐ Eye care

49. In the past 12 months, did you or others you live with eat smaller meals or skip meals because you didn't have money for food?

☐ Yes ☐ No ☐ Unknown

50. If you have trouble getting transportation when you need it, what is the MAIN reason you cannot get to where you want to go?

☐ I do not have trouble getting transportation ☐ Car broke down
☐ Person who usually takes me is unavailable ☐ Costs too much
☐ I do not have a personal vehicle ☐ Transit system not available

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

☐ Yes ☐ No ☐ Unknown

52. What is your housing situation today?

☐ I have housing today and I am NOT worried about losing housing in the next 6 months
☐ I have housing today but I AM worried about losing housing in the next 6 months
☐ I do not have housing today, BUT I am:
  ☐ Staying with others
  ☐ Staying in a hotel
  ☐ Staying in a shelter
  ☐ Living outside on the street, on a beach, in a car, or in a park

53. What is your housing situation today?
- ☐ I have housing
- ☐ I do not have housing (staying with others, hotel, shelter, living outside, car, or park)
- ☐ I choose not to answer this question

54. What is your current work situation?
- ☐ Unemployed
- ☐ Part-time or temporary work
- ☐ Full-time work
- ☐ Otherwise unemployed but not seeking work (ex. student, retired, disabled, unpaid primary caregiver)

55. Are you unemployed or without regular income?
☐ Yes ☐ No ☐ Unknown

56. Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled. How stressed are you?
☐ Not at all ☐ Somewhat ☐ A little bit ☐ Quite a bit ☐ Very much

57. During the past 12 months, have you had a dental problem which you would have liked to see a dentist about but you did NOT see a dentist?
☐ Yes ☐ No

If yes, what is the main reason you have not visited the dentist in the last 12 months?
- ☐ Fear, apprehension, nervousness, pain, dislike going
- ☐ Cost
- ☐ Do not have/know a dentist
- ☐ Did not have time
- ☐ Cannot get to the office (no appointments available)
- ☐ Have not thought about it
- ☐ Cannot get to the office/clinic (too far away, no transportation)
- ☐ Other priorities

58. In the past 12 months, have you gone to a hospital emergency room for a dental problem?
☐ Yes ☐ No

59. In the past 12 months, have you gone to a hospital emergency room for:

☐ Dental pain/infection ☐ Dental trauma/accident ☐ Other

Other: _____

60. On a scale of 0-10, how strongly do you agree with the following statement: "I can manage and control my health problems?"

☐ 10 – Very high
☐ 9
☐ 8
☐ 7
☐ 6
☐ 5
☐ 4
☐ 3
☐ 2
☐ 1
☐ 0 – Very Low
☐ N/A – You have no health problems or risks to your health

Physical Health

61. Have you ever been told by a doctor or health care provider that you have any of these conditions? (Check all that apply.)

☐ Arthritis ☐ Asthma as an adult ☐ Cancer
☐ Chronic kidney disease ☐ COPD/emphysema ☐ Diabetes, type 1
☐ Diabetes, type 2 ☐ Pre-diabetes ☐ Heart disease
☐ Hepatitis ☐ High blood pressure ☐ High cholesterol
☐ HIV ☐ Learning Disability ☐ Sickle cell Disease (not trait)
☐ Stroke ☐ Transplant

If you have **Arthritis:** What type of arthritis?

☐ Osteoarthritis ☐ Rheumatoid arthritis ☐ Unknown

If you have had a **transplant:** How long ago was the transplant?

☐ More than one year ago ☐ In the past 12 months ☐ On the transplant list
☐ Unknown

Do you have any other conditions not listed above? List them here: _____

_____

62. On a scale of 0–10, where 0 = Health problems had no effect and 10 = Health problems had an effect, how much did your health problems affect your ability to do your regular daily activities (other than work at a job) during the past seven days?

☐ 0 (Health problems had no effect on daily activity) ☐ 1-3 ☐ 4-6
☐ 7-10 (Health problems completely prevented me from daily activity ☐ Unknown

Behavioral Health

63. In general, how satisfied are you with life?

☐ Very satisfied ☐ Dissatisfied ☐ Unknown
☐ Satisfied ☐ Very dissatisfied

If you are very dissatisfied, please explain why you are very dissatisfied:

64. How often do you feel that you lack companionship?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often

65. Over the last two weeks, how often have you often been bothered by the following problem: Little interest or pleasure in doing things?

☐ Yes ☐ No ☐ Unknown

66. Over the last two weeks, how often have you often been bothered by the following problem: Feeling down, depressed, or hopeless?

☐ Yes ☐ No ☐ Unknown

67. Do you feel that stress in your life is affecting your health?

☐ Yes ☐ No ☐ Unknown

What are your plans for managing stress?

68. During the past year, how often did you have five or more alcoholic drinks in one day?

☐ Never ☐ Once or twice ☐ Monthly
☐ Weekly ☐ Daily or almost daily ☐ Unknown

Avoiding heavy drinking is a great health choice.

69. During the past year, how often did you use tobacco products?

☐ Never ☐ Once or twice ☐ Monthly
☐ Weekly ☐ Daily or almost daily ☐ Unknown

Quitting tobacco products is the most important thing you can do to protect your health.

Would you be interested in quitting tobacco use within the next month?

☐ Yes ☐ No ☐ Unknown

70. During the past year, how often did you use prescription drugs for non-medical reasons?

☐ Never ☐ Once or twice ☐ Monthly
☐ Weekly ☐ Daily or almost daily ☐ Unknown

71. During the past year, how often did you use illegal drugs?

☐ Never ☐ Once or twice ☐ Monthly
☐ Weekly ☐ Daily or almost daily ☐ Unknown

72. Do you have a personal history of substance misuse?

☐ Yes ☐ No ☐ Unknown

What type of personal misuse?

☐ Alcohol ☐ Illegal drugs ☐ Prescription drugs

73. Have you received treatment for alcohol or substance **misuse** in the last 6 months?

☐ Yes ☐ No ☐ Unknown

Would you like help getting treatment for alcohol or substance **misuse**?

☐ Yes ☐ No ☐ Unknown

74. Have you been diagnosed with a behavioral health disorder like anxiety, depression, bipolar or schizophrenia?

☐ Yes ☐ No ☐ Unknown

Please list the behavioral health disorder(s) you have:

_____

_____

75. Have you been to the ER or hospitalized in the last 3 months due to a behavioral health condition?

☐ Yes ☐ No ☐ Unknown

76. Are you actively receiving treatment for a behavioral health disorder?
☐ Yes ☐ No ☐ Unknown

77. Would you like help getting treatment for a behavioral health disorder?
☐ Yes ☐ No ☐ Unknown

78. How many hours of sleep do you usually get a night? _____

79. Do you have trouble falling or staying asleep, or sleeping too much?
☐ Yes ☐ No ☐ Unknown

Pain/ADLS

80. During the last month, have you had pain that interfered with completion of housework or your ability to work outside the home?
☐ Yes ☐ No ☐ Unknown

What type of pain have you been experiencing? _____

81. How would you rate your pain on a 0-10 scale at the **present** time (that is right now), where 0 is 'no pain' and 10 is 'pain as bad as could be?'
☐ 0 – No pain
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10 – Pain as bad as could be

82. In the past 6 months, how intense was your **worst** pain rated on a 0-10 scale where 0 is 'no pain' and 10 is 'pain as bad as could be?'

- ☐ 0 – No pain
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 – Pain as bad as could be

83. In the past 6 months, on **average**, how intense was your pain rated on a scale where 0 is 'no pain' and 10 is 'pain as bad as could be?' (That is, your usual pain at times you were experiencing pain.)

- ☐ 0 – No pain
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 – Pain as bad as could be

84. About how many days in the last 6 months have you been kept from your usual activities (work, school, or housework) because of pain?

☐ 0–6 days ☐ 7–14 days ☐ 15–30 days ☐ 31 or more days

85. In the past 6 months, how much has pain interfered with your daily activities rated on a scale of 0–10, where 0 is 'no interference' and 10 is 'unable to carry on any activities?'

- ☐ 0 – No Interference
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 – Unable to carry on any activities

86. In the past 6 months, how much has pain changed your ability to take part in recreational, social, and family activities on a scale of 0–10 where 0 is 'no change' and 10 is 'extreme change?'

- ☐ 0 – No Change
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 – Extreme Change

87. In the past 6 months, how much has pain changed your ability to work (including housework) on a scale of 0–10, where 0 is 'no change' and 10 is 'extreme change'?_____

- ☐ 0 – No Change
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 – Extreme Change

88. Do you need help with any of the following daily activities: walking, getting out of a chair, eating, bathing, dressing, or going to the bathroom?

☐ Yes ☐ No ☐ Unknown

If you chose yes:

Are you able to walk safely once in a standing position on a variety of surfaces?

☐ Yes ☐ No ☐ Unknown

Are you able to get into and out of bed or a chair by yourself?

☐ Yes ☐ No ☐ Unknown

Are you able to eat meals and snacks by mouth without help?

☐ Yes ☐ No ☐ Unknown

Are you able to take a bath or shower by yourself?

☐ Yes ☐ No ☐ Unknown

Are you able to dress yourself independently?

☐ Yes ☐ No ☐ Unknown

Are you able to get to and from the toilet or bedside commode?

☐ Yes ☐ No ☐ Unknown

Do you have complete self-control of your bowel and bladder functions?

☐ Yes ☐ No ☐ Unknown

Who helps you with these activities now? _____

Could you use additional help with these activities?

☐ Yes ☐ No ☐ Unknown

Optional – Member Survey

We'd like to get to know you better and would like you to respond to the remaining few questions. Please indicate where you feel you belong on a scale of 1 – 7:

89. Are you family-focused (1) or independent (7)?
Enter a number between 1 & 7: _____

90. Do you pay no attention to your health (1) or pay close attention to your health (7)?
Enter a number between 1 & 7: _____

On a scale of 1-7 where 1 means "Completely Disagree" and 7 means "Completely Agree," please tell me how much you agree with each of the following statements about yourself:

91. I typically buy the least expensive products.
Enter a number between 1 & 7: _____

92. I'd rather deal with minor conditions than see a doctor.
Enter a number between 1 & 7: _____

93. I do research so that I can make better decisions about health treatments.
Enter a number between 1 & 7: _____

94. When it comes to my health, I rarely plan ahead and usually take things as they come.
Enter a number between 1 & 7: _____

General Information

95. Assessment Completed Date:_____/_____/_____

96. Assessment Completed By (Name)_____

97. Relationship to member:

☐ Self ☐ Member representative with permission ☐ Parent/Guardian
☐ Envolve ☐ Health Plan ☐ Vendor ☐ Other

If other relationship to member, please explain:_____

98. Assessment Interval:

☐ Initial ☐ Yearly ☐ Change of condition ☐ Unknown

99. Name of agency completing assessment?

_____

100. Credentials of staff completing assessment?

☐ RN ☐ LCPC ☐ LCSW ☐ Advanced Practitioner ☐ LVN/LPN ☐ MD/DO
☐ Pharmacist ☐ Other Credentials ☐ None

101. If other, please provide credentials:

_____

102. By what method was the HRS information obtained?

☐ Phone ☐ In-person/home visit ☐ Form faxed/mailed in ☐ Information not obtained

103. Was assistive (TDD/TYY) equipment used to complete this assessment?

☐ Yes ☐ No ☐ Unknown

104. Was a translator used to complete this assessment?

☐ Yes ☐ No ☐ Unknown

Translator information: _____

105. Was information obtained from a non-parent/non-guardian?

☐ Yes ☐ No ☐ Unknown

106. ATTESTATION: I have reviewed the Documentation Module. The member's POA and/or Authorized Representative information is updated in the Document Summary section.

☐ Yes ☐ No ☐ N/A

107. ATTESTATION: I have reviewed the Member Demographics module. The member's General Information section and Contact Information section have been transcribed and updated with the information obtained in this assessment.

☐ Yes ☐ No ☐ N/A

108. ATTESTATION: I have reviewed and updated the Member Contact Summary with caregiver/POA information if applicable.

☐ Yes ☐ No ☐ N/A

109. ATTESTATION: I have reviewed the Provider Contacts Summary module and the information is up to date and accurate.

☐ Yes ☐ No ☐ N/A

110. ATTESTATION: I have reviewed the Member's Diagnosis module and the member's information is up to date and accurate.
☐ Yes ☐ No ☐ N/A

111. ATTESTATION: I have reviewed all of the Member's Care Alerts.
☐ Yes ☐ No ☐ N/A