

Start your survey

To ensure you're getting the best care, we'd like to ask you some questions about your health, including questions related to cultural and identity preferences. Please answer the questions to the best of your ability. This should take about five minutes.

All your answers will be private and won't affect your 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 _____

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

English	Spanish	Other
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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

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.

Humana
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in South Carolina

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