Health Risk Assessment

To ensure you (or someone you care about) are getting the best care, we'd like to ask you some questions. This should take about five minutes. All your answers will be private and won't affect 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 _____

Mail completed form to Humana Member Experience, P.O. Box 14225, Lexington, KY 40512.

1. Complete the following statement. I am answering this survey about...

☐ Myself
☐ A person I provide care for under 21
☐ A person I provide care for 21 and over
☐ Other

For the rest of the survey, please think about the person you selected in question 1 when answering all questions. Please select the option that best describes that person.

2. Which one or more of the following would you say is your race? (Choose all that apply)

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

Continued →

Health Risk Assessment—continued

3. Are you of Hispanic, Latino/a, or Spanish origin? (Choose all that apply)

- ☐ 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

4. Do you have serious difficulty seeing, even when wearing glasses?

☐ Yes ☐ No

4a. If you have difficulty seeing, do you use any of the following to help your sight? (Choose all that apply)

- ☐ Qualified readers
- ☐ Taped texts
- ☐ Audio recordings
- ☐ Braille materials and displays
- ☐ Screen reader software
- ☐ Magnification software
- ☐ Optical readers
- ☐ Secondary auditory programs (SAP)
- ☐ Large-print materials
- ☐ Other

5. Do you have serious difficulty hearing?

☐ Yes ☐ No

5a. If you have difficulty hearing, do you use any of the following to help your hearing?

- ☐ Language interpreter
- ☐ Assistive listening devices and systems
- ☐ Telephone compatible with hearing aids
- ☐ Closed caption decoders
- ☐ Open and closed captioning, including real-time captioning
- ☐ Voice, text, and video-based telecommunications products and systems, including text telephones
- ☐ Teletypewriter (TTY), videophones, and captioned telephones or equally effective telecommunications device
- ☐ Videotext displays
- ☐ Other

Continued →

Health Risk Assessment—continued

6. What is the highest level of school you have completed, or the highest degree received?

- ☐ Less than high school
- ☐ Some high school, but no diploma
- ☐ High school graduate or equivalent (GED/vocational/trade school graduate)
- ☐ Some college, but no degree
- ☐ Associate degree (1- to 2-year occupational, technical or academic program)
- ☐ Four-year college graduate/ bachelor's degree
- ☐ Advanced degree (including master's, professional degree or doctorate)

7. Describe your current 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).

7a. Does your current living situation have any of the following problems? (Choose all that apply)

- ☐ Pests such as bugs or rodents
- ☐ Mold
- ☐ Lead paint or pipes
- ☐ Lack of heat
- ☐ Oven or stove not working
- ☐ Smoke detectors missing or not working
- ☐ Water leaks
- ☐ Other safety concerns
- ☐ None of the above

8. At any time in the past year, have you run out of food before you got money to buy more?

☐ Yes ☐ No

9. In the past year, have you had trouble getting to medical appointments or getting things you need because of transportation?

☐ Yes ☐ No

10. In the past year, have you been told that the electric, gas, oil or water may be shut off in your home?

☐ Yes ☐ No

Continued →

Health Risk Assessment—continued

11. Do you currently have internet access?

☐ Yes ☐ No

11a. How do you access the internet? (Choose all that apply)

☐ Home
☐ Cell phone
☐ Borrowed device
☐ Work/school
☐ Public location
☐ Other

12. Do you need help finding or keeping work?

☐ Yes ☐ No ☐ I am unable to work due to a disability

13. Are you or could you currently be pregnant?

☐ Yes ☐ No ☐ Not applicable

14. What gender do you (member) identify with?

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

15. What are your (member's) pronouns?

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

16. What is your (member's) sexual orientation?

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