

Health Assessment Survey

Your health is important to us. **Please take 10 minutes to complete this Health Assessment Survey and return it to the IU Health Plans Health Assessment Quality Department using the enclosed prepaid, self-addressed envelope.** Based on your answers to the survey questions, you consent that we can:

- Connect you with a registered nurse care manager, if needed.
- Help you find neighborhood resources to assist with daily living.
- Discuss your health goals and develop a care plan to help you achieve them.
- Help you get the medical tests and services you may need.
- Request medical records from your previous providers to coordinate necessary care.
- Assist caregivers or family members who may be looking after you.

Instructions

- Use blue or black ink pen only.
- Do not use pens with ink that soak through the paper.
- When selecting answers that have squares beside them, completely fill the square.
- Do not make stray marks on this form.

[illegible]

Last name:

Date of birth (MM/DD/YYYY):

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[illegible]

- ☐ I am a new member with IU Health Plans.
- ☐ I am an existing member with IU Health Plans.



Health Plans

1. Who is filling out this form?

- ☐ Self
- ☐ Spouse
- ☐ Other

2. In general, compared to other people your age, would you say your health is:

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Very good
- ☐ Excellent

3. Do you live (choose all that apply):

- ☐ Alone
- ☐ With spouse
- ☐ With child(ren)
- ☐ With other family
- ☐ Retirement community

4. What is the highest grade you completed in school?

- ☐ Never attended
- ☐ Elementary school
- ☐ High school
- ☐ College
- ☐ Graduate or professional school

5. In the past 12 months, how many times did you visit a provider's office?

- ☐ Not at all
- ☐ One time
- ☐ Two or three times
- ☐ Four to six times
- ☐ More than six times

6. In the past 12 months, how many times have you been treated in the emergency room?

- ☐ None
- ☐ One time
- ☐ Two or three times
- ☐ More than three times

7. In the past 12 months, have you been admitted to a hospital or nursing home?

- ☐ No
- ☐ Yes, one time
- ☐ Yes, two or three times
- ☐ Yes, more than three times

8. How many different medicines do you take on an average day? (Count the number of different medicines, not the number of pills you take.)

- ☐ 0
- ☐ 1 to 4
- ☐ 5 to 8
- ☐ 9 or more

9. Do you need help remembering to take your medicines?

- ☐ Yes
- ☐ Sometimes
- ☐ No

10. What type of transportation do you use the most? (Mark only one response.)

- ☐ I drive a car
- ☐ Wheelchair van
- ☐ Friend or relative
- ☐ Bus
- ☐ Taxi/car service

11. How many days a week do you exercise?

- ☐ 0
- ☐ 1 to 2
- ☐ 3 to 4
- ☐ 5 or more

12. How intense is your typical exercise?

- ☐ Light (like stretching or slow walking)
- ☐ Moderate (like brisk walking)
- ☐ Heavy (like jogging or swimming)
- ☐ Very heavy (like fast running or stair climbing)
- ☐ I am not currently exercising



13. Is there a friend, relative or neighbor who could take care of you for a few days if necessary?

☐ Yes ☐ No

14. Can you do the following without assistance?

Lifting or carrying objects as heavy as 10 pounds, such as laundry, groceries, etc.

☐ Yes ☐ No

Preparing meals every day

☐ Yes ☐ No

Managing money (e.g., keeping track of expenses or paying bills)

☐ Yes ☐ No

Walking within the home

☐ Yes ☐ No

Bathing or dressing

☐ Yes ☐ No

15. How many drinks of alcohol do you have a week?

☐ 0

☐ 1 to 3

☐ 4 to 7

☐ 8 or more

16. How often, in the past 12 months, have the following statements been true:

I had to cut the size of my meals or skip meals because there wasn't enough money for food.

☐ Often true

☐ Refused

☐ Sometimes true

☐ Don't know

☐ Never true

I was hungry but did not eat because there wasn't enough money for food.

☐ Often true

☐ Refused

☐ Sometimes true

☐ Don't know

☐ Never true

17. Over the past two weeks, how often have you been bothered by:

Nervousness

☐ Every day

☐ Most days

☐ A couple of days

☐ None

☐ Don't want to answer

Anxiousness

☐ Every day

☐ Most days

☐ A couple of days

☐ None

☐ Don't want to answer

Depression

☐ Every day

☐ Most days

☐ A couple of days

☐ None

☐ Don't want to answer

Hopelessness

☐ Every day

☐ Most days

☐ A couple of days

☐ None

☐ Don't want to answer

18. Today my weight is _____ pounds; my height is _____ feet _____ inches.

19. In the past 12 months, has someone close to you died? (Mark all that apply.)

☐ Spouse or significant other

☐ Sibling

☐ Child(ren)

☐ Other family member

☐ Friend(s), roommate(s)

☐ Pet(s)

☐ No one



Health Plans

20. How many times have you fallen in the past three months?

- ☐ None
- ☐ 1 to 2 times
- ☐ 3 or more times

21. Have you ever been told by your provider that you have any of the following?

Heart failure or CHF

(e.g., leg swelling,
water on the lungs)

- ☐ Yes ☐ No

Atrial fibrillation or
irregular heart rhythm

- ☐ Yes ☐ No

Heart attack

- ☐ Yes ☐ No

Stroke(s)

- ☐ Yes ☐ No

Emphysema or COPD

- ☐ Yes ☐ No

Diabetes

- ☐ Yes ☐ No

Cancer

- ☐ Yes ☐ No

22. Do you now receive or have you had any of the following? (Mark all that apply.):

- ☐ Dialysis
- ☐ Liver transplant
- ☐ Pancreas transplant
- ☐ Cornea transplant
- ☐ Skin transplant
- ☐ Kidney transplant
- ☐ Heart transplant
- ☐ Colostomy
- ☐ Lung transplant
- ☐ Blood thinner/anticoagulant (Coumadin)
- ☐ Bone marrow transplant
- ☐ Stem cell transplant
- ☐ Intestine transplant
- ☐ Bone transplant
- ☐ Amputation

23. Do you have a power of attorney for healthcare or a living will?

- ☐ Yes
- ☐ No

24. If you do not have a power of attorney for healthcare or a living will, would you like information on how to get one?

- ☐ Yes
- ☐ No
- ☐ I already have one

25. Have you given us written permission to speak with a family member, friend or caregiver regarding your care?

- ☐ Yes
- ☐ No

26. How often in the past 12 months would you say you were worried or stressed about having enough money to pay your rent/mortgage?

- ☐ Always
- ☐ Usually
- ☐ Sometimes
- ☐ Rarely
- ☐ Never



***Thank you for completing this
Health Assessment Survey.
Please submit all responses
electronically [here](#).***



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