PLEASE MAIL COMPLETED DOCUMENT TO:

MEMORIAL HERMANN HEALTH PLAN
ATTN: CASE MANAGEMENT
PO BOX 19909
HOUSTON TX 77224

MEMORIAL HERMANN Health Plan
Medicare Advantage Plans

Health Risk Asessment (HRA)

Total Questions: 36

Member Details :
Name:
Date Of Birth:
Email address:

Subscriber ID:
Home Phone:

1 Would you say that in general, your health is?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ No response

2 Do you have one person you think of as your personal doctor or health care provider?

- ☐ Yes
- ☐ No
- ☐ No response

3 Have you completed an advanced directive, medical/financial power of attorney?

- ☐ Yes
- ☐ No
- ☐ No response

4 During the past 12 months, have you had either the flu vaccine that was sprayed in your nose or a flu shot injected into your arm?

- ☐ Yes
- ☐ No
- ☐ No response

5 Have you received the Covid-19 vaccine?

- ☐ Yes
- ☐ No
- ☐ No response

6 When was the last time you had a colon cancer screening?

- ☐ Within the past year (less than 12 months ago)
- ☐ Within the past 10 years
- ☐ More than 10 years ago
- ☐ Never/Don't know
- ☐ No Response

7 How long has it been since you had your last mammogram?

- ☐ Within the past year (less than 12 months ago)

Where_____

- ☐ Within the past 2 years (1-2 years ago)
- ☐ Never/Don't know
- ☐ No response

8 Have you ever been told by a doctor, nurse or other health care professional that you have and of the following conditions? (select all that apply)

- ☐ Diabetes
- ☐ Heart Failure
- ☐ High Blood Pressure
- ☐ COPD/Emphysema/chronic bronchitis/chronic pneumonia/chronic obstructive asthma
- ☐ Asthma
- ☐ Kidney Disease/Failure
- ☐ Cancer
- ☐ Behavioral or mental health conditions
- ☐ Hepatitis C
- ☐ HIV/AIDS
- ☐ Arthritis/Rheumatoid Arthritis/Fibromyalgia/Gout/Lupus
- ☐ Other
- ☐ None
- ☐ No response

9 In the previous 12 months, have you been to the Emergency Room?

- ☐ Never
- ☐ 1 time
- ☐ 2 times
- ☐ More than 2 times
- ☐ No response

10 In the previous 12 months, have you been hospitalized?

- ☐ Never
- ☐ 1 time
- ☐ More than 1 time
- ☐ No response

11 Has body pain made it difficult to work or complete activities?

- ☐ Yes
- ☐ No
- ☐ No response

12 Do you have any upcoming surgeries?

- ☐ Yes
  - **What type of surgery?** ☐
  - **When?** ☐
- ☐ No
- ☐ No response

13 How many medications do you take on a daily basis?

- ☐ None
- ☐ 1-3 Medications
- ☐ 4-6 Medications
- ☐ 7-10 Medications
- ☐ 10 or more Medications
- ☐ No response

14 How often do you miss a dose of your medication(s)?

- ☐ 1-2 times a month
- ☐ 3-4 times a month
- ☐ 5 or more times a month
- ☐ Never
- ☐ No response

15 Do you use any of the following special equipment or assistive devices? (select all that apply)

- ☐ Cane
- ☐ Walker
- ☐ Wheelchair
- ☐ Motorized wheelchair
- ☐ Hoyer Lift

- [ ] Hospital Bed
- [ ] Oxygen/CPAP None
- [ ] No response

16 Are you currently receiving any of the following services? (select all that apply)

- [ ] Home Health Nurse/Aide
- [ ] PT, OT or Speech Therapy
- [ ] Social Worker
- [ ] Adult Day Care Center
- [ ] None
- Other _____
- [ ] No Response

17 Are you blind or do you have difficulty seeing, even when wearing glasses?

- [ ] Yes
- [ ] No
- [ ] Legally Blind
- [ ] No response

18 Do you have difficulty hearing? (while using hearing aids, if applicable)

- [ ] Yes
- [ ] No
- [ ] No response

19 Do you have difficulty chewing food (while using dentures, if applicable)

- [ ] Yes
- [ ] No
- [ ] No Response

20 In general, how would you describe your nutritional status?

- [ ] Good
- [ ] Fair
- [ ] Poor
- [ ] No response

21 Do you have difficulty with any of the following tasks: toileting, feeding, dressing, grooming, walking, and bathing/personal hygiene?

- [ ] Yes
- [ ] No
- [ ] No response

22 Do you have difficulty with any of the following tasks: Using the telephone, shopping, preparing meals, managing finances, and housekeeping?

- [ ] Yes
- [ ] No
- [ ] No Response

23 Are you worried or concerned that in the next two months you may not have stable housing that you own, rent, or stay in as part of a household?

- [ ] Yes
- [ ] No

24 Think about the place you live. Do you have problems with any of the following? (select all that apply)

- [ ] Bug infestation
- [ ] Mold
- [ ] Lead paint or pipes
- [ ] Inadequate heat
- [ ] Oven or stove not working
- [ ] No or not working smoke detectors
- [ ] None of the above

25 What is the highest grade or year of school you completed?

- [ ] Never attended school
- [ ] Grades 1 through 8
- [ ] Grades 9 through 12 - Some high school
- [ ] Graduated high school or GED
- [ ] Some college
- [ ] Completed Associate's, Bachelor's or Advanced Degree
- [ ] No Response

26 Do you put off or neglect going to the doctor because of distance or transportation?

- [ ] Yes
- [ ] No

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

- [ ] Yes
- [ ] No
- [ ] No response

28 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

29 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

30 Stress means a situation in which a person feels tense, restless, nervous, or anxious, or is unable to sleep at night because his or her mind is troubled all the time. Do you feel this kind of stress these days?

- ☐ Not at all
- ☐ A little bit
- ☐ Somewhat
- ☐ Quite a bit
- ☐ Very much
- ☐ No response

31 Have you had trouble falling asleep, staying asleep, or sleeping too much?

- ☐ Yes
- ☐ No
- ☐ No response

32 Because of a physical, mental, or emotional condition do you have difficulty concentrating, remembering, or making decisions?

- ☐ Yes
- ☐ No
- ☐ No response

33 During the past two weeks:

☐ Have you been bothered by having little interest or pleasure in doing things? (PHQ2)

Little interest or pleasure

☐ Yes ☐ No ☐ No response

☐ Have you been bothered by feeling down, depressed, or hopeless? (PHQ2)

Feeling down, depressed, or hopeless

☐ Yes ☐ No ☐ No response

34 How many times in the past year have you had 5 or more drinks in a day? (Men) How many times in the past year have you had 4 or more drinks in a day? (Women) (1 drink = a 12 oz beer or a 5 oz glass of wine or a 1.5 oz shot of liquor)

- ☐ None
- ☐ 1 or more
- ☐ No Response

35 How many times in the past year have you used a recreational drug or used a prescription medication(s) not prescribed by your physician?

- ☐ None
- ☐ 1 or more
- ☐ No response

36 Do you currently smoke cigarettes, vape, or use smokeless tobacco products?

- ☐ Yes
- ☐ No
- ☐ Previously used
- ☐ No Response

37 Are you interested in talking to a case manager about ways to improve your health or quality of life?

- ☐ Yes
- ☐ No

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