PLEASE MAIL COMPLETED DOCUMENT TO:

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



Health Risk Asessment (HRA) Total Questions: 36

Member Details :		Details :	Subscriber ID:	
Name: Home Phone: Date Of Birth: Email address:			Home Phone:	
1	Wou	ıld you say that in general, your health is?		
	\odot	Excellent		
	\odot	Very good		
	0	Good		
	\odot	Fair		
	\odot	Poor		
	9	No response		
2	Do y	ou have one person you think of as your personal doctor or health	care provider?	
	9	Yes		
	0	No		
	Θ	No response		
3	Have	e you completed an advanced directive, medical/financial power of	attorney?	
	0	Yes		
	\odot	No		
	\odot	No response		
4	Durir your	ng the past 12 months, have you had either the flu vaccine that was r arm?	s sprayed in your nose or a flu shot injected into	
	\odot	Yes		
	0	No		
	\odot	No response		
5	Have	e you received the Covid-19 vaccine?		
	0	Yes		
	0	No		
	0	No response		

6	Whe	n was the last time you had a colon cancer screening?
	0	Within the past year (less than 12 months ago)
	0	Within the past 10 years
	0	More than 10 years ago
	0	Never/Don't know
	0	No Response
7	How	long has it been since you had your last mammogram?
	0	Within the past year (less than 12 months ago)
	W	here
	0	Within the past 2 years (1-2 years ago)
	0	Never/Don't know
	0	No response
8	Have	you ever been told by a doctor, nurse or other health care professional that you have and of the following
	cond	itions? (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 th	ne previous 12 months, have you been to the Emergency Room?
	0	Never
	Θ	1 time
	\odot	2 times
	0	More than 2 times
	0	No response

10	In th	e previous 12 months, have you been hospitalized?
	0	Never
	0	1 time
	0	More than 1 time
	0	No response
11	Has I	pody pain made it difficult to work or complete activities?
	\odot	Yes
	\odot	No
	\odot	No response
12	Do yo	ou have any upcoming surgeries?
	0	Yes
		What type of surgery?
		When?
	\odot	No
	\odot	No response
13	How	many medications do you take on a daily basis?
	0	None
	0	1-3 Medications
	0	4-6 Medications
	\odot	7-10 Medications
	0	10 or more Medications
	\odot	No response
14	How	often do you miss a dose of your medication(s)?
	0	1-2 times a month
	0	3-4 times a month
	0	5 or more times a month
	0	Never
	0	No response
15	Do yo	ou 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 v	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
	Oth	er
		No Response
47	A	
17	Are y	you blind or do you have difficulty seeing, even when wearing glasses? Yes
	0	No
	0	Legally Blind
	0	No response
4.0		
18	_	ou have difficulty hearing? (while using hearing aids, if applicable)
	9	Yes
	9	No No
		No response
19		ou have difficulty chewing food (while using dentures, if applicable)
	0	Yes
	0	No .
	0	No Response
20	In ge	eneral, how would you describe your nutritional status?
	0	Good
	\odot	Fair
	\odot	Poor
	0	No response
21		ou have difficulty with any of the following tasks: toileting, feeding, dressing, grooming, walking, and ing/personal hygiene?
	0	Yes
	0	No
	0	No response

22	Do you have difficulty with any of the following tasks: Using the telephone, shopping, preparing meals, managing	
	fina	nces, and housekeeping?
	0	Yes
	0	No
	0	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 a	ıs pa	rt of a household?
	0	Yes
	0	No
24	Thi	nk 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	Wh	at is the highest grade or year of school you completed?
	0	Never attended school
	Θ	Grades 1 through 8
	Θ	Grades 9 through 12 - Some high school
	0	Graduated high school or GED
	0	Some college
	0	Completed Associate's, Bachelor's or Advanced Degree
	0	No Response
26	Do	you put off or neglect going to the doctor because of distance or transportation?
	0	Yes
	0	No
27	In th	ne past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?
	0	Yes
	0	No
	0	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
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?
	O Yes
	O No
	O No response
32	Because of a physical, mental, or emotional condition do you have difficulty concentrating, remembering, or making decisions?
	O Yes
	No No
	O 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
6	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
	O 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
	O 1 or more
	O No response
36	Do you currently smoke cigarettes, vape, or use smokeless tobacco products?
	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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H7115_MMHRA24_C 10/2/2023