Member Health Risk Assessment

Member Information

Member Name*		Member Date of Birth*	Age
Member Address			
Member Phone #	Member ID #	Emergency Contact Name & Phone #	
Date Completed:	Who is Completing This Form for You?		

Health Assessment **All Required*

1. What is your legal gender?

   ☐ Male ☐ Female

2. What is your gender identity?

   ☐ Female ☐ Male ☐ Transgender ☐ Non-Binary

   ☐ Agender ☐ Gender fluid ☐ Other _____

3. What is your race?

   ☐ Black or African American ☐ American Indian or Alaska Native

   ☐ Asian ☐ Native Hawaiian

   ☐ Pacific Islander ☐ White

   ☐ I choose not to answer ☐ Other _____

4. Are you Hispanic or Latino?

   ☐ Yes ☐ No ☐ I choose not to answer

5. What is your preferred language to use at home?

   ☐ English ☐ Spanish ☐ Other _____

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6. 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
- ☐ Vocational/Trade School
- ☐ GED
- ☐ N/A

7. What is your work status?

- ☐ Work full time
- ☐ Work part time
- ☐ Retired
- ☐ I'm currently looking for work
- ☐ I'm unable to work due to a disability
- ☐ I'm not looking for work for another reason
- ☐ N/A
- ☐ Other _____

8. Do you feel physically and emotionally safe where you currently work?

- ☐ Yes
- ☐ No
- ☐ I choose not to answer
- ☐ N/A

Note: contact OSHA at 1-800-321-6742 to discuss a health and safety issue at work. If you are being forced to work against your will, call the National Human Trafficking hotline at 1-888-373-7888 or text 233733.

9. How hard is it for you to pay for the very basics like food, housing, and heating? Would you say it is:

- ☐ Very hard
- ☐ Somewhat hard
- ☐ Not hard at all

10. What is your living situation?

- ☐ Own
- ☐ Live with family
- ☐ Rent
- ☐ Homeless/unsheltered
- ☐ Shelter
- ☐ Live with friends
- ☐ Other _____

11. Do you feel physically and emotionally safe where you currently live?

- ☐ Yes
- ☐ No
- ☐ I choose not to answer

Note: Call 1-800-799-SAFE to get help if someone close to you makes you feel unsafe.

12. Does the environment where you live feel healthy (clean air, clean drinking water, healthcare nearby, etc.)?

- ☐ Yes
- ☐ No
- ☐ I choose not to answer

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13. Are you currently pregnant?

☐ Yes ☐ No

14. Has a doctor ever told you that you have the following?

☐ Diabetes ☐ High blood pressure ☐ Heart disease ☐ Kidney disease
☐ Asthma ☐ COPD ☐ Allergies ☐ HIV/AIDS
☐ Hepatitis ☐ Schizophrenia ☐ Anxiety ☐ Depression
☐ Bipolar disorder ☐ ADHD ☐ Autism Spectrum Disorder
☐ Developmental Delay ☐ Substance Use Disorder
☐ Cancer (current active treatment) ☐ N/A ☐ Other

15. Do you understand your health condition(s) and how to care for yourself to stay healthy?

☐ Yes, I understand my conditions and what to do to stay healthy
☐ No, I need information or help understanding my health conditions and how to stay healthy

16. Over the last two weeks, how often have you had little interest or pleasure in doing things?

☐ Not at all ☐ Several Days ☐ More than half the days ☐ Nearly every day

17. Over the last two weeks, how often have you been feeling down, depressed or hopeless?

☐ Not at all ☐ Several Days ☐ More than half the days ☐ Nearly every day

18. In the last two weeks, have you thought about harming yourself?

☐ Yes ☐ No

Note: Call or text 988 for help if you have thoughts about hurting yourself.

19. Do you use illegal substances or prescription medications not prescribed for you?

☐ Yes ☐ No

Note: If you are, you could be at risk for serious injury or death. Call 1-800-662-HELP (4357) for 24/7 help finding treatment near you.

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20. How often do you use alcohol?

☐ Every day ☐ Two or more days per week ☐ Rarely ☐ Never ☐ Other

If you use alcohol or drugs:

Have you ever felt that you ought to cut down on your drink or drug use?

☐ Yes ☐ No

Have people annoyed you by criticizing your drinking or drug use?

☐ Yes ☐ No

Have you ever felt bad or guilty about your drinking or drug use?

☐ Yes ☐ No

Have you ever had a drink or used drugs first thing in the morning to steady your nerves or get rid of a hangover?

☐ Yes ☐ No

21. Do you use cigarettes or nicotine products such as e-cigarettes/vape or dip/chew?

☐ Yes ☐ No ☐ I would like help quitting

22. Stress is when you feel tense, nervous or anxious, or you can't sleep at night because your mind is troubled. How stressed would you say you are?

☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much

☐ I choose not to answer this question

23. How often do you see or talk to people you care about? *(For Example: Talking to friends on the phone, visiting friends or family, going to church or club meetings)*

☐ Less than once per week ☐ 1-2 times per week ☐ 3-5 Times per week

☐ 5 or more times per week ☐ I choose not to answer this question

24. Are you or any of your family members unable to get any of the following when it is really needed? *(Mark all that apply)*

☐ Food ☐ Clothing ☐ Housing ☐ Training/Employment

☐ Utilities ☐ Medicine or any healthcare ☐ Childcare

☐ N/A ☐ Other _____

25. Have you had at least one well visit with your primary care provider in the last year?

☐ Yes ☐ No ☐ I don't have a primary care provider

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26. For children/youth ages birth through 18 years of age, do you understand what vaccines (shots) are needed and are you up to date on shots?

☐ I'd like information ☐ I am up to date on shots ☐ Other _____ ☐ N/A

27. Have you received dental care as recommended in the past year? <(At least one visit to the dentist for adults 21 and over and at least every 6 months for children ages 1-20.)>

☐ Yes ☐ No

28. In the past 3 months, how often have you visited the emergency room and/or stayed overnight in the hospital?

☐ One time or not at all ☐ 2 to 5 times ☐ 6 or more times

29. Would you like your health plan to contact you about any other health concerns?

☐ Yes ☐ No

Send us your completed Health Risk Assessment Form (HRA):

Email: KYCareManagement@MolinaHealthcare.com

Mail to:

Passport Health Plan by Molina Healthcare
Attn: Care Management Dept.
5100 Commerce Crossing Drive Louisville, KY 40229

If you need help filling out your HRA, call us at 1-833-959-2398.