HEALTH STATUS SURVEY QUESTIONNAIRE

I would like to ask you some questions about your health and the health of any other MCO members in your house. The information you give me will go to the MCO. It's helpful for the MCO to know something about their new members so they can begin planning for your care. Do you have a minute to answer these questions?

Some of these questions are personal, and your answers will be confidential and private—only the MCO will get this information.

Please answer for yourself and everyone in your house who is a member of the MCO.

Case Head:	Case Head SSN:		Case Head Language:
Last Name	First Name		Medicaid ID#
Address	City	State/Zip	Ph#

1.	Gender	☐ Male ☐ Female
2.	Date of Birth	
3.	What MCO are you choosing?	Name:
4.	Do you have a doctor you want to be your Primary Care Provider?	Name:
5.	If you have a regular doctor now, what is the doctor's name?	Names:
6.	Are you seeing any specialists (doctors who specialize in a particular field of medicine, such as a cardiologist)? [If yes] What are the names?	☐ Yes ☐ No List:
7.	Are you taking medicines that a doctor has prescribed? [If yes, ask what they are and what they're for.]	☐ Yes ☐ No List:
8.	Are you using any durable medical equipment, such as a hospital bed, oxygen, a wheelchair, a breathing machine—anything like that? If yes, did a doctor prescribe it?	☐ Yes ☐ No What: ☐ Yes ☐ No
9.	Are you pregnant? [If yes], ▪ When is the baby due? ▪ Does the doctor have any special concerns about this pregnancy?	☐ Yes ☐ No Date:
	Now I'm going to read a list of health problems, and you tell me if you or anyone in the family has that problem.	
10.	Do you have surgery planned for the future? If yes, what is the date of surgery?	☐ Yes ☐ No Date:
11.	Are you getting home care or home hospice care? If yes, please explain.	☐ Yes ☐ No Explanation:
12.	Are you on an organ transplant list? If yes, please explain.	☐ Yes ☐ No Explanation:
15.	Are you getting physical therapy, or occupational therapy, or speech therapy?	☐ Yes ☐ No

Last Name	First Name	Medicaid ID#

16.	Do you have a heart condition— such a congestive heart failure or coronary heart disease?	☐ Yes ☐ No List condition(s):
17.	Do you have a lung disorder—such as asthma or COPD?	☐ Yes ☐ No List condition(s):
18.	Are you being treated by a psychiatrist or psychologist?	☐ Yes ☐ No
19.	Do you have diabetes?	☐ Yes ☐ No
20.	High blood pressure?	☐ Yes ☐ No
21.	Do you have kidney disease or are you on dialysis?	☐ Yes ☐ No
22.	Do you have cancer?	☐ Yes ☐ No
23.	Do you smoke?	☐ Yes ☐ No
24.	Are you living with HIV or AIDS?	☐ Yes ☐ No
25.	Do you have a blood disease, such as sickle cell anemia or Hepatitis?	☐ Yes ☐ No
26.	Do you have tuberculosis (TB)?	☐ Yes ☐ No
27.	Is there a child in the house in ▪ Part C services, care coordination for children ▪ any health department program, or Does any child receive Case Manager or Care Coordinator services?	☐ Yes ☐ No List program and/or care coordinator:
28.	Can you think of any other special medical or mental health needs that the MCO might want to know about?	☐ Yes ☐ No List:
29.	Have you been in the hospital in the last 12 months? [If yes] Why were you admitted?	☐ Yes ☐ No Reason:
30.	What is your height?	feet______ inches______
31.	And your weight?	Pounds
32.	Do we have permission to refer you to the Disease Management Program?	☐ Yes ☐ No If yes, add to list for HMC

Thank you for taking the time to answer these questions. I'll give this information to your new MCO, and they will be in touch with you soon. If you have any questions or need assistance, please call the Managed Care Helpline at 1-800-XXX-XXXX or 1-800-XXX-XXXX.