

Health Needs Screening Brief Enrollee Survey (Ph v.4)
State of Wisconsin, DHFS

Automated Health Systems
633 West Wisconsin Avenue
Suite 301
Milwaukee, Wisconsin 53203
(414) 221-9300



Taken by: on:

Enrollee Name:	MAID #
Address: ,	Phone:
Explanation To Enrollees (Mandatory for all telephone and written survey contacts)	
<p>Participation in this survey is voluntary and you may choose to not answer any or all of the questions. The survey is very brief and the information you give will be used to help the HMO you choose meet your health care needs. Your answers are confidential and will be shared only with the HMO that you may choose to enroll in and their health care providers. Feel free to ask me questions as we go along. Thanks for your help.</p>	

- Survey -

Questions	Response	Comments
1. Are there any additional phone numbers that can be used to reach you.	<input type="radio"/> Y <input type="radio"/> N <input checked="" type="radio"/> NR	
2. Are there other people we can contact if we need to reach you?	<input type="radio"/> Y <input type="radio"/> N <input checked="" type="radio"/> NR	
3. What is the Primary Language used in your family?		<input type="radio"/> English <input type="radio"/> Hmong <input type="radio"/> Other <input type="radio"/> Spanish <input type="radio"/> Russian Other: <input type="radio"/> Read <input type="radio"/> Spoken
4. Do you anticipate moving from your present address in the next six months?	<input type="radio"/> Y <input type="radio"/> N <input checked="" type="radio"/> NR	
5. Have you seen a doctor or other medical person for any illness or injury in the past year?	<input type="radio"/> Y <input type="radio"/> N <input checked="" type="radio"/> NR	
6. Do you have a doctor or medical person that you consider your regular or family doctor?	<input type="radio"/> Y <input type="radio"/> N <input checked="" type="radio"/> NR	
7. Have you been in the hospital in the past year?	<input type="radio"/> Y <input type="radio"/> N <input checked="" type="radio"/> NR	
8. Has your child or member of your family been in the hospital?	<input type="radio"/> Y <input type="radio"/> N <input checked="" type="radio"/> NR	
9a. Do you or any member of your family have medical conditions that need regular care or <u>prescription</u> medications? Examples: Asthma ("attacks" or difficult breathing) <input type="radio"/> Y <input type="radio"/> N Diabetes (high or low blood sugar) <input type="radio"/> Y <input type="radio"/> N High Blood Pressure <input type="radio"/> Y <input type="radio"/> N Heart Problems <input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N <input checked="" type="radio"/> NR	

Disabilities (blind, deaf, wheelchair bound, etc.) <input type="radio"/> Y <input type="radio"/> N Other <input type="radio"/> Y <input type="radio"/> N		
9b. Do you or any member of your family have a scheduled procedure or surgery?	<input type="radio"/> Y <input type="radio"/> N <input checked="" type="radio"/> NR	
10. Are you or any member of your family pregnant?	<input type="radio"/> Y <input type="radio"/> N <input checked="" type="radio"/> NR	
11. Do you have children under the age of 21 living at home?	<input type="radio"/> Y <input type="radio"/> N <input checked="" type="radio"/> NR	
12. Are you enrolled in the Birth to Three Program?	<input type="radio"/> Y <input type="radio"/> N <input checked="" type="radio"/> NR	
13. Do you know the phone number to get help with Medicaid or BadgerCare problems or questions? Enrollment: (800) 291-2002 EDS Ombudsman: (800) 760-0001		
14. Will you need assistance with transportation to/from doctor or dental appointments?	<input type="radio"/> Y <input type="radio"/> N <input checked="" type="radio"/> NR	
15. Do you or a member of your family smoke cigarettes or use any other tobacco products?	<input type="radio"/> Y <input type="radio"/> N <input checked="" type="radio"/> NR	

Any other follow-up or questions from enrollee