Blue Advantage®

from Blue Cross and Blue Shield of Alabama

HEALTH ASSESSMENT SURVEY

BlueCross BlueShield of Alabama

An Independent Licensee of the Blue Cross and Blue Shield Association.

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HEALTH ASSESSMENT SURVEY

Please complete the following survey concerning your lifestyle and your health. There are no right or wrong answers to these questions and most can be answered with a simple checkmark. Your answers to this survey will in no way affect your insurance coverage or your enrollment in ***Blue Advantage***. If you require assistance to complete the survey, a friend or relative may assist you. If you have any questions, please call **888 341-5030** Monday through Friday, 8 a.m. to 4:45 p.m.

Please complete this survey within two weeks. Once you have completed the survey, return it in the enclosed pre-addressed envelope.

Date of Survey M M D D Y Y Y Y

Name

Address

State

Zip

Telephone Number

Date of Birth M M D D Y Y Y Y

Age

Blue Advantage Contract Number

1. What is the highest level of education you completed?

☐ Less than 7 years of school ☐ Grades 7-9 ☐ Grades 10-11 ☐ High school graduate
☐ 1-4 years of college ☐ College graduate ☐ Professional or graduate school

2. What is your race? (Optional)

☐ American Indian or Alaskan native ☐ Asian or Pacific Islander ☐ Black or African American
☐ White ☐ Other race or multi-racial

3. Primary language spoken in your home?

☐ English ☐ Spanish ☐ Other (please list)_____

4. What is your current marital status?

☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Never married
☐ Unmarried, living with significant other

5. What is or was your occupation:_____

Please check the most appropriate answer for each question:

1. **Compared to one year ago, how would you rate your current health:**
   ☐ Much better ☐ Somewhat better ☐ About the same ☐ Somewhat worse ☐ Much worse

2. **In the past four weeks, have you required assistance while walking?**
   ☐ No days ☐ A Few days ☐ Some days ☐ Most days ☐ All days

3. **In the past four weeks, how often have you had problems with your medication(s)?**
   ☐ No days ☐ A Few days ☐ Some days ☐ Most days ☐ All days

4. **In the past four weeks, how often have you felt that you were capable of living on your own?**
   ☐ No days ☐ A Few days ☐ Some days ☐ Most days ☐ All days

5. **Do you smoke? (Mark all that apply.)**
   ☐ Never smoked ☐ Used to smoke but quit two or more years ago
   ☐ Used to smoke but quit less than two years ago ☐ Smoke less than 10 cigarettes each day
   ☐ Smoke more than one pack each day ☐ Smoke pipe or cigars only

6. **Do you use smokeless tobacco or snuff?**
   ☐ Do not use ☐ Weekly, but not every day ☐ One to two times each day
   ☐ Three or more times each day

7. **How many alcoholic beverages do you drink each week?**
   ☐ None ☐ 1-7 drinks each week ☐ 8-14 drinks each week ☐ 15-20 drinks each week
   ☐ 21 or more drinks each week

8. **Read the following list of conditions and illnesses. Please check the box(es) that best describes your condition. Check all boxes that apply.**

CONDITIONS AND ILLNESSES	Had but no affect on current health	Family history of condition (Parent or Sibling)	Condition currently affects health	Currently taking medication for condition	Have seen doctor in the past year for condition	Hospitalized in the past year for condition
Lung Disease						
Arthritis						
Osteoporosis						
Diabetes or High Blood Sugar						
Heart Disease or Condition (Coronary Artery Disease, Congestive Heart Failure)						
High Blood Pressure						
Stroke/Cerebovascular Accident (CVA)						
Kidney Disease						
Mental Illness or Depression						
Memory Problems						
Vision or Hearing Impairment						

9. Do you use home equipment? (Mark all that apply)

☐ Wheelchair ☐ Walker ☐ Cane ☐ Oxygen ☐ Bedside Toilet ☐ Electric Bed
☐ Scooter ☐ Shower Chair

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10. Have you had a flu shot in the past year? ☐ Yes ☐ No

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11. Have you had the pneumonia vaccine in the past? ☐ Yes ☐ No

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12. What is your average monthly cost for prescriptions?

☐ $0-$99 ☐ $100 - $199 ☐ $200- $299 ☐ $300- $399 ☐ $400 or more

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13. List all medications you currently take.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

Thank you for completing the survey. We appreciate your time. Please return it in the enclosed pre-addressed envelope or mail it to:

Blue Cross and Blue Shield of Alabama
Blue Advantage Health Management
PO Box 10705
Birmingham, AL 35202-0705