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

CITY

State

Zip

Telephone Number

Date of Birth (M M D D Y Y Y Y)

Age

Blue Advantage Contract Number

1. **Do you have difficulty reading or writing?**
   ☐ Yes ☐ No

2. **Primary language spoken in your home?**
   ☐ English ☐ Spanish ☐ Other (please list)_____

3. **Do you have access to or use a computer?**
   ☐ Yes ☐ No

4. **Who lives in your household that can/would provide support for you if you need it (please check all that apply)?**
   ☐ Spouse ☐ Partner ☐ Significant Other ☐ Children ☐ Parents ☐ Other

5. **In general, would <u>you</u> say your health is:**
   ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

6. **Compared to last year, how would <u>you</u> rate your health today?**
   ☐ Better ☐ Same ☐ Worse

7. For **each** of the activities below, indicate whether you are a**ble to do this without help, need some help** or **cannot do this at all without help.**

	Able to do this without help	Need Some help	Cannot do this at all without help
Using the toilet			
Bathing			
Dressing			
Eating			
Walking			
Transportation			
Managing money			
Taking medications			
Preparing meals			
Shopping and errands			
Housekeeping chores			

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

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

9. Do any of your health conditions interfere with your daily activities?

☐ Yes ☐ No

10. How is your eyesight (This means eyesight while wearing glasses or contacts, if you use them)

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Blind

11. How is your hearing (This means while using hearing aid, if you use one).

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Deaf

12. List the names of the medications you currently take (both prescription and over the counter).

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

(additional space for medications is available at the end of this survey)

13. What is your average monthly cost for prescriptions?

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

14. In the **past 12 months**, have you received a flu shot?

☐ Yes ☐ No

15. Have you ever received a pneumonia vaccine?

☐ Yes ☐ No

16. Who is your primary physician?

_____

17. In the **previous 12 months**, how many times did you visit this physician or clinic?

☐ Not at all ☐ One time ☐ Two or three times ☐ 4-6 Times ☐ More than 6 times?

18. Has a physician **ever** told you that you have:

	Yes	No
Coronary heart disease?		
Chest pain/Angina		
Heart Attack/ Myocardial Infarction		
Irregular Heart Beat/Murmur		
Hypertension/High Blood Pressure		
Congestive Heart Failure		
Emphysema/Breathing Problems		
Bronchitis, recurrent		
Diabetes		
Arthritis		
Osteoporosis		
Urinary Problems		
Bowel Problems		
Memory Problems		
Brain Injury		
Cancer		
Mental problems		
Ankle/leg swelling		
Stroke		
Tumor		
Cancer		
Parkinson's		
Multiple Sclerosis		

19. How many alcoholic beverages do you drink each week?

☐ Seldom / Never ☐ 1 - 7 ☐ more than 7

20. Do you smoke? (Mark all that apply)

☐ Never smoked ☐ smoked, but quit ☐ currently smoking

21. Do you use tobacco products?

☐ Never used ☐ used, but quit ☐ currently use

22. In general would you say your mood is:

☐ Happy ☐ Sad ☐ Neutral ☐ Blue ☐ Bored ☐ Worthless

23. Are you basically satisfied with your life?

☐ Yes ☐ No

24. Additional Medications if additional room is needed

1. _____ 3. _____

2. _____ 4. _____

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