



2355 E. Camelback Rd. #300
Phoenix, AZ 85016

Medicare Health Risk Assessment Questionnaire

Instructions: Please complete and return it in the self-addressed stamped envelope provided. If you have questions or need help completing the questionnaire, call our toll free line at 1-877-778-1855 Monday-Friday 9am – 5 pm. ONECare uses this questionnaire to assist in assessing your health status.

Your Name: _____
Street Address: _____
City, Zip Code: _____
Day Phone: _____
Email: _____
ONECare ID#: _____

Please check the appropriate box that answers the questions below and write any additional pertinent information that will help us meet your needs better.

1. Did you receive your ONECare new member packet and ID Card? Yes No
2. What is your primary language? _____
3. Survey completed by: Member Other (Please explain) _____
4. Do you have any cultural, spiritual or language needs that make it difficult to follow your medical treatment plan? If yes, please explain. _____
5. What is the name of your Primary Care Physician (PCP)? _____
6. When was the last time you saw your PCP? _____
7. Do you see any specialty doctors? Yes No
8. If yes, please list specialty or specialties? _____
9. Do you get a flu shot every year? Yes No
When and where did you get it last? _____
10. Have you ever had a pneumonia shot? Yes No If yes, when? _____
11. Have you ever had a colonoscopy? Yes No
12. If you have had a colonoscopy, date of service? _____

ONECare by Care1st Health Plan Arizona, Inc. (HMO SNP) is a Coordinated Care plan with a Medicare Advantage contract and a contract with the Arizona Medicaid Program. Enrollment in ONECare depends on contract renewal.



2355 E. Camelback Rd. #300
Phoenix, AZ 85016

13. Where did you have the colonoscopy? _____
14. Females- have you had a pelvic exam and a PAP smear test in the last year? Yes No
15. What was the date of your most recent PAP smear? _____
16. Have you had an abnormal PAP smear? Yes No
17. When was your last mammogram? Date _____
18. For Males: Have you had a Prostate exam? Yes No
19. What was the date of your last Prostate exam? _____
20. Have you been to an emergency room in the last 6 months? Yes No
21. If yes, how many times? _____
22. Why did you go to the emergency room? _____
23. Have you stayed overnight in a hospital in the past 6 months? Yes No
24. If yes, how many times? _____
25. If yes, give reason(s)? _____
26. Have you been in a skilled nursing facility in the past 6 months? Yes No
27. If yes, which facility? _____
28. If yes, give reason? _____
29. Prescription medication you are currently taking?
- Name of medication: _____
Dosage: _____
How many times per day: _____
- Name of medication: _____
Dosage: _____
How many times per day: _____
- Name of medication: _____

ONECare by Care1st Health Plan Arizona, Inc. (HMO SNP) is a Coordinated Care plan with a Medicare Advantage contract and a contract with the Arizona Medicaid Program. Enrollment in ONECare depends on contract renewal.

ONECARE

2355 E. Camelback Rd. #300
Phoenix, AZ 85016

Dosage: _____
How many times per day: _____

Name of medication: _____
Dosage: _____
How many times per day: _____

Name of medication: _____
Dosage: _____
How many times per day: _____

Name of medication: _____
Dosage: _____
How many times per day: _____

Name of medication: _____
Dosage: _____
How many times per day: _____

Name of medication: _____
Dosage: _____
How many times per day: _____

Name of medication: _____
Dosage: _____
How many times per day: _____

Name of medication: _____
Dosage: _____
How many times per day: _____

****If more, please include a separate sheet with information****

30. Over-the-counter products (vitamins, supplements, herbal, other) you are currently taking?

Name of product: _____
Dosage: _____
How many times per day: _____

Name of product: _____
Dosage: _____
How many times per day: _____

Name of product: _____

ONECare by Care1st Health Plan Arizona, Inc. (HMO SNP) is a Coordinated Care plan with a Medicare Advantage contract and a contract with the Arizona Medicaid Program. Enrollment in ONECare depends on contract renewal.



2355 E. Camelback Rd. #300
Phoenix, AZ 85016

Dosage: _____
How many times per day: _____

31. Names of any alternative treatment you are taking, prescription or non-prescription.

32. Do you use any special equipment because of a disability or health problem such as walker or a cane? Please list _____

33. Do you use any medical supplies at home such as diabetic supplies or dressing supplies?
Please list. _____

34. Are you currently receiving any services from an agency such as home health or Meals on Wheels?
Please list. _____

35. Are you currently being treated for any health conditions such as breathing or heart problems?
What health problems are you being treated for?

36. Do you have Diabetes?
 Yes No

If Yes,

37. Do you check your blood sugars? Yes No

38. Have you had a vision exam within the last year? Yes No

39. If yes, what was the date of service? _____

For Non-Diabetic Members:

40. Have you had a vision exam within the last year? Yes No

41. Are you currently experiencing any vision problems? Yes No

Please explain _____

42. Have you had a Glaucoma Eye Screen in the last 12 months? Yes No

43. Do you wear glasses or contact lenses? Yes No

ONECare by Care1st Health Plan Arizona, Inc. (HMO SNP) is a Coordinated Care plan with a Medicare Advantage contract and a contract with the Arizona Medicaid Program. Enrollment in ONECare depends on contract renewal.



2355 E. Camelback Rd. #300
Phoenix, AZ 85016

44. Do you need any adaptive equipment, testing, treatment or assistance with your vision?

Yes No

45. If yes, what type of assistance is needed (provider referral, glasses/contact lenses, other adaptive equipment or assistance). _____

46. Would you like information on your vision benefits? Yes No

47. Do you have or have you been treated for asthma? Yes No

48. Do you use an Inhaler? Yes No

49. Many of us have had pain from time to time (such as minor headaches, sprains, toothaches). Do you have pain other than these everyday kinds of pain? Yes No

50. If yes, where do you have pain? _____

51. Do you have pain that requires pain medicine every day? Yes No

52. When did you last take pain medicine? _____ What did you take? _____

53. On a scale of 1-5, describe your overall pain level: (1 = NO Pain and 5 = severe) _____

54. How much does pain interfere with your day to day activities on a scale from 1 – 5?
(1= no interference, 5 = interferes greatly) _____

Please describe: _____

55. In the past three months, has it been harder for you to speak, think or remember things?

Yes No

If yes, please explain _____

56. Do you live alone?

Yes No

If no, with whom do you live? _____

57. Do you feel you need help getting the care you need? Yes No

58. Are you able to perform your activities of daily living such as bathing and dressing?

Which activities of daily living do you need help to be able to complete? _____

ONECare by Care1st Health Plan Arizona, Inc. (HMO SNP) is a Coordinated Care plan with a Medicare Advantage contract and a contract with the Arizona Medicaid Program. Enrollment in ONECare depends on contract renewal.



2355 E. Camelback Rd. #300
Phoenix, AZ 85016

59. If you receive help with any of the activities in the above question, who is the helper?

Name: _____

Relationship: _____

Phone number: _____

60. May we contact your helper/caregiver?

Yes No

61. Have you fallen in the past 6 months?

Yes No

62. If yes, how many times? _____

63. Do you have any open wounds or bed sores? _____

64. Are you enrolled in a behavioral health program? Yes No

If yes, which one? _____

65. What condition(s) are you being treated for? _____

66. Are you depressed or ever thought about hurting yourself?

Yes No

67. Are you having a problem with Alcohol or Drugs?

Yes No

68. Do you drink alcohol (beer, wine, hard liquor)? Yes No

_____ beers per day

_____ wine per day

_____ hard liquor per day

69. Do you smoke? Yes No If yes, how much do you smoke? _____

70. Would you like information on quitting smoking? Yes No

71. Have you completed an Advanced Directive? (a document that directs your health care wishes in the event you become unable to make them or designates someone to make them on your behalf). Yes No

72. If yes, is it on file with your PCP? Yes No

73. If no, are you interested in receiving information about advanced directives? Yes No

ONECare by Care1st Health Plan Arizona, Inc. (HMO SNP) is a Coordinated Care plan with a Medicare Advantage contract and a contract with the Arizona Medicaid Program. Enrollment in ONECare depends on contract renewal.



2355 E. Camelback Rd. #300
Phoenix, AZ 85016

74. Are you currently experiencing any hearing problems? Yes No

75. If yes, please explain: _____

76. Have you had a hearing exam? Yes No

77. Do you wear hearing aids? Yes No

78. Do you need any adaptive equipment, testing, treatment or assistance with your hearing?
 Yes No

79. If yes, type of assistance needed: (e.g. referral to provider, hearing aids, other adaptive equipment or assistance) _____

80. Would you like information on your hearing benefits? Yes No

81. Is there anything else you would like us to know about you?

I understand that this information may be shared with my physician.

Signature Today's Date

Thank you for your time in completing this questionnaire