Earn up to $30 by completing and returning this survey today!

Health Needs Screening (HNS)

Today's Date: _____

Name of Member: _____

Member's Medicaid ID #: _____ Date of Birth: _____

Are you completing this survey for yourself or for another member? ☐ For myself ☐ For another member

If you are completing the survey for another member, what is your name? _____

What is your relationship to the member? ☐ Parent or Guardian ☐ Current Caregiver
☐ Power of Attorney ☐ Other (please list): _____

What is the best phone number to contact the member? _____

What type of phone is that? ☐ Cell ☐ Home ☐ Business ☐ Facility ☐ Friend or family

If you are answering for another member, please answer all questions for that member (not yourself).

1. **Do you have any health concerns?** ☐ Yes ☐ No

If yes, please choose all of the health concerns that apply to you:

☐ Awaiting organ transplant ☐ Cancer ☐ HIV or AIDs
☐ Diabetes, Type 1 ☐ Diabetes, Type 2 ☐ Asthma
☐ Epilepsy or other seizures ☐ Cystic Fibrosis ☐ Tuberculosis
☐ Pulmonary hypertension ☐ Blood disorder, hemophilia ☐ Sickle cell disease
☐ Congestive heart failure ☐ COPD or emphysema ☐ Kidney disease
☐ Liver disease ☐ Hepatitis ☐ Autism/PDD/Asperger's
☐ Depression ☐ Anxiety ☐ Schizophrenia
☐ Alcohol or drug problems ☐ Current dental issues
☐ OCD (obsessive-compulsive disorder ☐ PTSD (post-traumatic stress disorder
☐ Special therapy (Occupational, Physical or Speech Therapy) expected to last 12 months or longer
☐ Child receiving medical, behavioral or educational services expected to last 12 months or longer
☐ Child receiving counseling for emotional, developmental or behavioral problem
☐ Something not listed here (please list): _____

2. **Do you need help with any of your health concerns?** ☐ Yes ☐ No

What help do you need? _____

MHS is here for you. Give us a call at 1-877-647-4848. We can get you help.

3. **Do you take any medications?** ☐ Yes ☐ No

If yes, list: _____

If yes, do you need assistance getting your medications or refills? ☐ Yes ☐ No

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4. **Have you been seen by a doctor in the last six months?** ☐ Yes ☐ No
5. **Have you been seen by a doctor in the emergency room in the past six months?** ☐ Yes ☐ No
6. **Have you been a patient in the hospital in the last six months?** ☐ Yes ☐ No
7. **Do you use or need anything to help you walk, talk, hear, see, bathe, toilet or eat?** ☐ Yes ☐ No

   If yes, let us know what items you use or need. Select all that apply:

   ☐ Cane ☐ Wheelchair ☐ Special bed ☐ Sleeping machine/apnea monitor
   ☐ Breathing machine/nebulizer ☐ Oxygen ☐ Eating supplies
   ☐ Toileting supplies ☐ Talking aids ☐ Dressing aids
   ☐ Bathing aids ☐ Other (please list): _____

8. **Do you feel down, anxious or have little interest in doing things?** ☐ Yes ☐ No
9. **Do you use tobacco or vaping products of any kind?** ☐ Yes ☐ No

If you need help to quit using tobacco products, please call 1-800-QUIT-NOW.

10. **Do you worry about things like where you live? Getting food every day? Getting to the grocery or doctor appointments? Feeling safe?** ☐ Yes ☐ No

    If yes, please choose the worries that apply to you: ☐ Housing problems ☐ Having enough food
    ☐ Getting to the grocery store ☐ Getting to the doctor ☐ Feeling safe ☐ Education
    ☐ Work ☐ Other (please list): _____

11. **Have all children in the home been tested for lead poisoning?** ☐ Yes ☐ No
    ☐ No children age 0-6 years in home

It is important for children to get a blood lead test between the ages of 9 months and 2 years. Children might need to be tested until they are 6 years old. To learn more about why this test is important, please talk to your child's doctor or call MHS 1-877-647-4848. Ask to speak to a Care Coordinator. That phone number is listed on the back of your Member ID card.

The last 2 questions apply to females only:

12: Are you currently pregnant? ☐ Yes ☐ No If yes, what is your due date? _____

13. Have you had a baby in the last 12 months? ☐ Yes ☐ No

Thank you for completing this survey. Please return to MHS in one of the following ways:

1) **Mail it to: MHS – HNS Survey**
   550 N. Meridian Street, Suite 101
   Indianapolis, IN 46204

2) **Take pictures of your completed survey and email to: Care_Engagement@mhsindiana.com.**