IMPERIAL HEALTH PLAN
OF CALIFORNIA

Please Return this HRA in the self-addressed envelope provided.

Health Risk Assessment (HRA)

Date:		Member ID:		Plan Effective Date:	
First Name:		Last Name:		Date of Birth:	
Gender:		Home phone:		Other Number:	

Section 1 Personal Characteristics

1 Are you Hispanic or Latino?
- ☐ Yes
- ☐ No
- ☐ I choose not to answer this question

2 Which race(s) are you? Check all that apply.
- ☐ Asian
- ☐ Pacific Islander
- ☐ White
- ☐ Native Hawaiian
- ☐ Black/African American
- ☐ American Indian/Alaskan Native
- ☐ Other (please write):
- ☐ I choose not to answer this question

Section 2 Health Questions

3 What medical conditions do you have, or have you had in the past? (Please indicate all that apply.)
- ☐ Asthma
- ☐ Bi-polar
- ☐ Cancer
- ☐ COPD/ Emphysema
- ☐ Coronary Heart Disease
- ☐ Dementia
- ☐ Diabetes
- ☐ Hearing problem
- ☐ Heart Failure
- ☐ Hypertension
- ☐ Stroke
- ☐ Vision problems
- ☐ None

Section 3 Other Health Questions

4 In general, how would you rate your health?
- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor

5 (For Women Only) Are you currently pregnant?
- ☐ Yes
- ☐ No

6 How is your eyesight?
- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor

7 Did you receive any of the following vaccine this year?

Flu	**Pneumonia**	**COVID (Mfr: _____)**
☐ Yes	☐ Yes	☐ Yes
☐ No	☐ No	☐ No

8 Do you use tobacco products?
- ☐ Yes
- ☐ No

9 How many different prescription medicines do you take?
- ☐ 1-2 prescriptions
- ☐ 2-3 prescriptions
- ☐ 4 or more

10 Any Pain:
- ☐ No
- ☐ Yes

Where: _____

11 Have you been hospitalized:
☐ None ☐ One ☐ Two or more times ___

Any ER visits: ☐ Yes ☐ No

12 Do you fall:
- ☐ Yes
- ☐ No

13 Do you have family members or others willing and able to help you when you need it:
- ☐ Yes
- ☐ No

14 Do you ever think your caregiver has a hard time giving you all the help you need:
- ☐ Yes
- ☐ No

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Section 4 Housing			
15	What is your housing situation today? ☐ I do not have housing (I am staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park) ☐ I have housing today, but I am worried about losing housing in the future ☐ I have housing	16	Do you live in: ☐ An independent house apartment, condo or mobile home ☐ Assisted living apartment or board and care home ☐ Nursing home ☐ Other: _____
Section 5 Food			
17	Within the past 12 months, you worried that your food would run out before you got money to buy more. ☐ Often true ☐ Sometimes true ☐ Never true		
Section 6 Utilities			
18	In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home? ☐ Yes ☐ No ☐ Already shut off		
Section 7 Transportation			
19	In the past 12 months, has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? (check all that apply) ☐ Yes, it has kept me from medical appointments or getting medications ☐ Yes, it has kept me from non-medical meetings, appointments, work or getting things that I need ☐ No		
Section 8 Social and Emotional Health			
20	Do you feel physically and emotionally safe where you currently live? ☐ Yes ☐ No ☐ Unsure ☐ I chose not to answer this question	21	How often do you see or talk to people that you care about and feel close to? (For example: talking to friends on the phone, visiting friends or family, going to church or club meetings). ☐ Less than once a week ☐ 1 to 2 times a week ☐ 3 to 5 times a week ☐ 6 or more times a week ☐ I chose not to answer this question
22	How often do you feel sad in the past 2 weeks: ☐ Not at all ☐ Occasionally ☐ Several days ☐ More than half the days ☐ Nearly every day		

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