

Thank you for taking the time to complete this Health Risk Assessment (HRA). By answering the questions that follow, we can better understand your health care needs and help you meet them. After you complete and submit the HRA, we may call or email you if we have recommendations on your health and wellness. We'll also send you a \$50 gift card. If your spouse is covered under your CareConnect plan, he or she can also complete an HRA and receive a \$50 gift card.

MEMBER INFORMATION

First Name: _____ Last Name: _____

CareConnect Member ID: _____ Gender: _____ Date of Birth _____

"I understand that: in completing this HRA, I will be sharing my health information and may receive a follow-up call, letter or email if CareConnect has recommendations about my health and wellness; my health information will be kept private under the terms of the privacy policy at CareConnect.com and I am not required to complete this HRA, but if I do, I will be entitled to a \$50 gift card. By checking the box below I voluntarily consent to share my health information."

I, _____ consent to share my health information

Signature _____

Date _____

Please return a completed copy of this form to CareConnect by:

Email: HRA@nsljcc.com

Mail: CareConnect, Attn: Medical Management-HRA, 2200 Northern Blvd, Suite 104, East Hills, NY 11548

BASIC HEALTH INFORMATION

1. What is your current weight: _____ Pounds

2. What is your current height: _____ Feet _____ Inches

3. Are currently you pregnant? Yes No (If male please skip to question 5)

4. Have you recently given birth? Yes No

If so, when was the date? _____

5 Do you see a doctor for routine care? Yes No

What is your doctor's name? _____

What is your doctor's phone number? _____

When was the last time you saw this doctor? ____ / ____ / ____

6. If you do not have a doctor that you see for routine care, would you like us to help you find a doctor?

Yes No

7. Is your blood pressure: High Low Normal Not sure

8. Have you had a Total Cholesterol Test completed? (blood test) Yes No

If yes, did your doctor tell you what your total Cholesterol is?

- At a good level which usually means that it is under 200
- At a not so good level which usually means that it is between 200-239
- At a poor level which usually means that it is greater than 240
- Not sure

9. Have you had an HDL Cholesterol level completed? (blood test) Yes No

If yes, did your doctor tell you that your HDL Cholesterol is:

- At a good level which usually means greater than 60
- At a not so good level which usually means between 41-59
- At a poor level which usually means between 30-40
- Not sure

10. Have you had an LDL Cholesterol level completed? (blood test) Yes No

If yes, did your doctor tell you that your LDL Cholesterol is:

- At an excellent level which usually means less than 100
- At a good level which usually means less than 100-129
- At a not so good level which usually means between 130-159
- At a poor level which usually means greater than 160
- Not sure

11. Have you had a Triglyceride level completed? (blood test) Yes No

If yes, did your doctor tell you that your Triglycerides are:

- At an excellent level which usually means less than 150
- At a good level which usually means less than 150-199
- At a not so good level which usually means between 200-499
- At a poor level which usually means greater than 500
- Not sure

12. Have you had a Fasting Blood Glucose level test completed? Yes No

If yes, did your doctor tell you that your Blood Glucose level is:

- Good which usually means between 70-99
- Not so good which usually means between 100-125
- Poor which usually means greater than 126
- Not sure

LIFE STYLE INFORMATION

13. Do you smoke or use any of the following tobacco products?

- Cigarettes
- Chewing Tobacco
- Pipe
- Cigar
- Smokeless Tobacco
- I do not use tobacco products

14. If you smoke cigarettes, how many packs or individual cigarettes do you smoke daily?

- Between 1-20
- 1 Pack
- 2 Packs
- Greater than 2 packs
- I do not smoke cigarettes

15. If you smoke cigarettes, are the cigarettes that you smoke filtered? Yes No

16. If you use other tobacco products such as chewing tobacco, cigars, pipes or smokeless tobacco, how often do you use these products?

- 1-2 times daily 2-5 times daily Greater than 5 times daily
 I do not use other tobacco products

17. Do you currently use or have you in the past used drugs or medications that have not been prescribed by a doctor? Yes No

If yes, when was the last time you used the drug(s) or medication(s)?

- Within the week Within the month Within the year Greater than a year ago

18. How many alcoholic beverages do you have in a typical week?

- 1-2 drinks 2-4 drinks 4-10 drinks Greater than 10 drinks
 I do not drink alcoholic beverages

19. Are you currently taking medications prescribed by a doctor? Yes No

If yes, do you take your medications as prescribed by your doctor (do you take your medications as frequently and consistently as your doctor has instructed you)?

- Always or almost always Some of the time Rarely

20. How often do you exercise or participate in a physical activity?

- Daily 2-3 times a week Once a week Rarely

21. On a typical day, how do you travel?

- Automobile (car, truck) Motorcycle Non-motorized bicycle
 Bus or some other form of mass transit

22. How many miles do you usually travel on a typical day?

- 10 miles or less Between 11-30 miles Greater than 30 miles

NUTRITION

23. Do you eat at least five servings of fruits and vegetables every day (one serving would equal at least one half cup)? Yes No

24. How often do you eat at a fast food restaurant?

- Less than 3 times per week Greater than 3 times per week I do not eat at fast food restaurants

PREVENTION

25. When was the last time you saw a dentist for a regular check-up?

- Within the year Last year I have not seen a dentist within the past 2 years

26. Do you protect your skin from sun damage by using sunscreen, wearing hats, and/or avoiding tanning booths and sunlamps?

- Never or almost never Occasionally Often Very often Always or almost always

QUALITY OF LIFE

27. How would you describe your overall physical health?

- Excellent
 Very Good
 Good
 Fair
 Poor

28. How many hours of sleep do you get at night? 10 or more Between 6-8 Less than 6

29. Do you have good social support such as friends or family? Yes No

30. How often do you feel anxious or depressed?

- Never or almost never
 Occasionally
 Often
 Very often
 Always or almost always

MEDICAL HISTORY

31. Do you have any of the following conditions or medical issues?

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Chronic pain | <input type="checkbox"/> High cholesterol | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Depression | <input type="checkbox"/> Inflammatory bowel disease | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Back pain | <input type="checkbox"/> Heart problems | <input type="checkbox"/> Lupus | <input type="checkbox"/> Thyroid disease |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Heart burn or acid reflux | <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Other |
| <input type="checkbox"/> Chronic bronchitis | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Migraine headaches | |
| <input type="checkbox"/> Chronic emphysema | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Multiple Sclerosis | |

32. Have you had any surgical procedures in the past 12 months? Yes No

If yes, what was the procedure? _____

33. Have you had any of the following preventive health screenings completed in the past year?

- | | | | |
|---|------------------------------------|--|--|
| <input type="checkbox"/> Colon Cancer Screening | <input type="checkbox"/> Flu Shot | <input type="checkbox"/> Mammogram | <input type="checkbox"/> Cholesterol Check |
| <input type="checkbox"/> Blood Pressure Check | <input type="checkbox"/> Pap Smear | <input type="checkbox"/> Prostate Exam | <input type="checkbox"/> Routine Annual Physical |

34. In the past 12 months how many times have you visited a doctor or clinic for health care services?

- 1 to 2 times
 3 to 6 times
 Greater than 6 times
 I have not seen a doctor or a gone to a clinic for health services

35. In the past 12 months how many times have you gone to the emergency room?

- 1 to 2 times
 3 to 6 times
 Greater than 6 times
 I have not gone to the emergency room in the past 12 months

36. In the past 12 months how many times have you stayed overnight in a hospital?

- 1 to 2 times
 3 to 6 times
 Greater than 6 times
 I have not stayed overnight in a hospital in the past 12 months

WORK RELATED QUESTIONS

37. In the past year how many days of work have you missed due to a personal illness?

- 1 to 2 days
 3 to 6 days
 Greater than 6 days
 I have not missed any work in the past 12 months because of a personal illness

38. During the past month how often did your health problems affect your productivity while you were working?

- Never
 Occasionally
 Frequently

CareConnect Insurance Company, Inc. (“CareConnect”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CareConnect does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

CareConnect:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact CareConnect’s Senior Director, Quality Improvement.

If you believe that CareConnect has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

CareConnect

Senior Director, Quality Improvement

2200 Northern Blvd., Suite 104, East Hills, NY 11548

Phone: 855-706-7545

TTY: 855-226-7318

Fax: 844-447-2525

Email: CareConnectAppeals@nsljcc.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Senior Director, Quality Improvement is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building, Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-226-7318 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-226-7318 (TTY: 711).

注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-855-226-7318 (TTY: 711)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-226-7318 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-226-7318 (TTY: 711).

주의: 한국어를 사용하지는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-226-7318 (TTY: 711) 번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-226-7318 (TTY: 711).

טפּור. לאצפא אופ יירפ סעסיוורעס פליה קארפּש קייא ראפ אהאראפ אענעז, שידיא טדער ריא ביוא :מאזקרעמפיוא 1-855-226-7318 (TTY: 711).

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 1-855-226-7318 (TTY: 711)।

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-226-7318 (TTY: 711).

1-855-226-7318 مقرب لصلتا . ن اجمال اب كل رفاوتت ةيوعلللا ةدعاسملا تامدخ نإف ، ةغلللا ركذلا ثدحتت تنك اذا : ةظوحلم (711: مكبل او مصلا فتاه مقر)

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-226-7318 (TTY: 711).

1-855-226-7318 (TTY: 711) یی رک لاک - سی ہ بایتسد سی تم تفم تامدخ ی کی ددم ی کی نابزوک پ آوت ، سی ے لتلوب ودرا پ آ رگا :رادربخ

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-226-7318 (TTY: 711).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-855-226-7318 (TTY: 711).

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-855-226-7318 (TTY: 711).