Clover Health Assessment

We want to help you be as healthy as you can be with healthcare tailored to you. Please complete this survey and send it back in the enclosed postage-paid envelope. If you are a new member who completed this survey when you enrolled in Clover, you do not need to fill it out again. You can also complete this survey over the phone by calling 1-888-657-1207 (TTY 711) 8 am–8 pm local time, 7 days a week.*

First Name: **Last Name:**

Clover Member ID: C P

Date of Birth: (mm/dd/yyyy) / /

Today's Date: (mm/dd/yyyy) / /

1. If we need to reach you urgently, what is the best method to do so? (check all that apply)

☐ Email ☐ Phone ☐ Mail ☐ Text

☐ Other: _____

2. What is the best time of day to reach you? (choose one)

☐ Morning (8 am to Noon) ☐ Afternoon (Noon to 4 pm)

☐ Evening (4 to 8 pm)

3. Do you have a mobile phone number? (complete below if you do)

– –

If yes, Clover would like to send you automated text message reminders about your health, such as refilling your medications and upcoming appointments. Choosing or refusing messages will not affect your health plan benefits, and you can opt out of these messages at any time. Would you like to receive such text messages from Clover at the number provided?

☐ Yes ☐ No ☐ Maybe

4. Do you have an emergency contact—someone we should contact if we cannot reach you?

Name _____

Phone number: ☐☐☐ – ☐☐☐ – ☐☐☐☐

How are they related to you?

☐ Family ☐ Friend ☐ Other: _____

We will not talk with this person about your health, unless you give us permission to do so. If you would like to permanently give us permission to talk with this person, please complete an Authorization of Representative Form (found in your Welcome Packet).

5. What motivates you to stay healthy?

6. What concerns do you have about staying healthy now?

7. Are you committed to improving your health with Clover's help? (choose one)

☐ Yes ☐ No ☐ Maybe

8. Which of the following best describes where you live? (choose one)

☐ Private house
☐ Private apartment
☐ Assisted living facility
☐ Homeless
☐ Senior housing
☐ Other: _____

9. Who do you live with? (choose all that apply)

☐ Alone
☐ Spouse or partner
☐ Other family
☐ Friends
☐ Hired caregivers

10. In general, would you say your health is: (choose one)

☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor

11. Do you currently smoke or have you smoked in the past? (choose one)

☐ Current smoker ☐ Former smoker ☐ Never smoked

12. How often do you exercise? (choose one)

☐ Never ☐ Once a month ☐ Once a week ☐ Several times a week

13. How often do you have a drink containing alcohol? (choose one)

☐ Never ☐ Monthly or less ☐ 2-4 times a month
☐ 2-3 times a week ☐ 4 or more times a week

14. How would you rate your physical health NOW compared to 1 year ago? (choose one)

☐ Much better ☐ Slightly better ☐ Same
☐ Slightly worse ☐ Much worse

15. Does your health limit moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf? If so, how much? (choose one)

☐ Yes, limited a lot ☐ Yes, limited a little ☐ No, not limited at all

16. Do you use any of the following to help walk or get around? (choose all that apply)

☐ Crutches ☐ Walker ☐ Cane ☐ Wheelchair ☐ Scooter
☐ Other: (please describe) _____
☐ None of the above

17. How many times in the last year have you fallen? (fill in one digit per box)

18. Do you need help from another person to do any of the following: (check all that apply)

☐ Feed yourself ☐ Use the toilet
☐ Take a bath or shower ☐ Put on or take off your clothes
☐ Get out of your bed and into a chair ☐ Walk within your home
☐ None of the above

19. How would you rate your emotional health (feeling anxious or depressed) now compared to 1 year ago? (choose one)

☐ Much better ☐ Slightly better ☐ Same
☐ Slightly worse ☐ Much worse

20. In the past 4 weeks, how often did pain keep you from socializing with others? (choose one)

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

21. How often in the past 4 weeks have you had trouble thinking or remembering? (choose one)

☐ Never ☐ Rarely ☐ Seldom ☐ Sometimes ☐ Often ☐ Always

22. How often in the past 4 weeks have you been feeling sad or depressed? (choose one)

☐ Never ☐ Rarely ☐ Seldom ☐ Sometimes ☐ Often ☐ Always

23. During the past 4 weeks, was someone available to help you if you needed and wanted help? (choose one)

For example, if you: Felt very nervous, lonely, or blue; Got sick and had to stay in bed; Needed someone to talk to; Needed help with daily chores; or Needed help just taking care of yourself.

☐ Yes, as much as I wanted ☐ Yes, quite a bit ☐ Yes, some
☐ Yes, a little ☐ No, not at all

24. In the past year, have you been treated for any of the following conditions? (check all that apply)

☐ High blood pressure (hypertension)
☐ High cholesterol
☐ Diabetes
☐ Heart disease (heart attack, congestive heart failure/CHF, angina)
☐ Irregular heart rhythm (atrial fibrillation)
☐ Lung disease (COPD, emphysema, asthma)
☐ Kidney disease
☐ Stroke
☐ Arthritis
☐ Chronic pain
☐ Cancer
☐ Dementia
☐ Depression or Anxiety

25. How many different doctors have you seen in the past year? (fill in one digit per box)

26. How many times have you been to the emergency room or hospital in the past year? (fill in one digit per box)

27. How many different medications do you currently take on a daily basis? (fill in one digit per box)

28. How often are you able to take your medications as prescribed by your doctor? (choose one)

- ☐ I always take them as prescribed
- ☐ I sometimes take them as prescribed
- ☐ I rarely take them as prescribed
- ☐ I do not have to take medicines

29. How confident are you that you can control and manage most of your health problems? (choose one)

- ☐ Very confident
- ☐ Somewhat confident
- ☐ Not very confident
- ☐ I do not have any health problems

30. Did someone help you complete this form?

- ☐ No, completed by myself
- ☐ Yes, with help of friend, family, or caregiver

Thank you for completing this survey. Please send it back to us as soon as you can. If you have any questions, please call 1-888-657-1207 (TTY 711).*

*Between April 1st and September 30th, alternate technologies (for example, voicemail) will be used on the weekends and holidays.