



WellCare of Nebraska Health Survey

Who should fill out this survey? Members of WellCare of Nebraska, Inc. or people who act for them.

Why do we want you to fill it out? Your replies will help us meet your health care needs. This survey is voluntary, and your answers are confidential. This does not affect your new or continued enrollment in the plan.

Mail this survey back to us in the postage paid envelope included. Or mail it to:
WellCare Health Plans
P.O. Box 31507
Tampa, FL 33633-1205

Do you need another survey? Make copies of this blank survey. Or call us for more at **1-855-599-3811 (TTY 711)**, Monday–Friday, 8 a.m. to 5 p.m. Central time.

1. Member First Name _____ Member Last Name _____

2. Member Address _____

3. Member Phone Number (____) ____-____

4. WellCare of Nebraska Member ID Number: (This is on the front of your member ID card.)

5. What language do you prefer to speak?

English Spanish Other

6. How many different medications do you take?

Zero 1 to 3 4 to 6 7 to 10 11 or more

7. Overall, how do you rate your health status?

Excellent Good Fair Poor

8. How many times did you visit an emergency room or urgent care center in the past year?

Zero Once Twice Three or more times

9. How many times have you been admitted to the hospital for medical or behavioral health in the past year?

Zero Once Twice Three or more times

10. Are you pregnant?

If yes, when is your due date? (MM/DD/YYYY) _____

<https://www.neheritagehealth.com>



11. Have you been diagnosed with or experienced any of the following conditions? (Please mark each one that applies to you.)

- | | |
|---|--|
| <input type="checkbox"/> AIDS or HIV | <input type="checkbox"/> Asthma or lung disease |
| <input type="checkbox"/> Cancer with treatment | <input type="checkbox"/> Chronic obstructive pulmonary disease |
| <input type="checkbox"/> Diabetes or high blood sugar | <input type="checkbox"/> Heart disease or congestive heart failure |
| <input type="checkbox"/> Kidney disease or kidney failure | <input type="checkbox"/> High blood pressure or hypertension |
| <input type="checkbox"/> Mental or behavioral health condition such as: anxiety, bipolar, depression or schizophrenia | |
| <input type="checkbox"/> If under 21 years: Do you have any special health care needs related to any of the following?
Autism, Asperger's, cerebral palsy, congenital defects, cystic fibrosis, lead poisoning, hemophilia, sickle cell | |

12. Do you have trouble getting to and from your doctor visits, grocery or drug store? Yes No

13. When did you last see a doctor? Never In past 6 months More than 6 months ago

14. When did you last see a dentist? Never In past 6 months More than 6 months ago

15. When did you last see a counselor or psychiatrist?
Never In past 6 months More than 6 months ago

16. Do you use any tobacco items, including cigarettes, cigars or chewing tobacco? Yes No

17. Do you have a planned future hospital admission or surgery? Yes No

18. Do you currently use any medical equipment? Yes No

19. Do you need help with activities of daily living (bathing, walking, dressing, eating)? Yes No

20. Would you like to talk to a Social Worker or Nurse about your health care needs? Yes No

**Thank you for answering these important health questions.
Please return this survey in the envelope provided.**

WellCare of Nebraska, Inc. complies with all applicable federal civil rights laws. We do not exclude or treat people in a different way based on race, color, national origin, disability, age, religious belief, gender, sexual orientation, ethnicity, or language needs.

If English is not your first language, we can translate for you. We can also give you info in other formats at no cost to you. That includes Braille, audio and large print. Just give us a call toll-free. You can reach us at **1-855-599-3811**. For TTY, call **711**.

Si el español es su lengua materna, podemos brindarle servicios de traducción. También podemos proporcionarle información en otros formatos sin costo para usted. Estos incluye braille, audio y letra de imprenta grande. Simplemente, llámenos sin cargo al **1-855-599-3811**. Para TTY llame al **711**.

如果中文是您的母語，我們可以為您翻譯。我們也可以免費用其它格式為您提供資訊。這些格式包括布萊葉文、音頻及大字體。僅需撥打我們的免費電話。您可以撥打 **1-855-599-3811** 聯絡我們。TTY 用戶請撥打 **711**。