



**United  
Healthcare**

Return Address

MarySmith  
1234 Anywhere Street

City, ST 55555

Date

## Don't forget to take your health assessment. Take a few minutes to get better support.

Dear Member First Name,

It's time to take your annual health assessment. Medicare requires us to ask you some questions every year and it only takes a few minutes to complete.

### It's a great way to get more out of your plan

By answering a few questions about your health history and any recent health changes, we're able to help suggest the programs and resources that best fit your needs.

Your answers won't affect your plan benefits, so make the most of the chance to get better support.

Thank you for being a member of a UnitedHealthcare® plan.

Sincerely,  
The UnitedHealthcare Team

(over please)

**Complete your health assessment through one of these options:**



#### Go online

Visit [myUHCMedicare.com](https://myUHCMedicare.com), go to **Health & Wellness** and select **Health Assessment**



#### Give us a call

Please call us toll-free at **1-833-994-2382, TTY 711**, 24 hours a day, 7 days a week



#### Respond by mail

Fill out the health assessment form and mail it back to us in the postage-paid envelope

Para responder su evaluación en español, llame a **1-833-481-1509** o visite **myUHC Medicare.com**, vaya a Salud y Bienestar y seleccione Evaluación de salud.

如欲以中文完成評估，請致電 **1-833-481-1428** 或訪問 **myUHC Medicare.com**，然後到健康和保健 (Health & Wellness) 並點擊健康評估 (Health Assessment)。

如欲以中文完成評估，請致電 **1-833-482-1003** 或前往 **myUHC Medicare.com**，然後到健康和保健 (Health & Wellness) 並點選健康評估 (Health Assessment)。

한국어로 평가를 완료하시려면, **1-833-481-1522** 에 전화하시거나 **myUHC Medicare.com** 을방문해 Health & Wellness(건강 및 웰니스)로 가서서 Health Assessment(건강 평가)를 선택하십시오.

Để hoàn thành đánh giá của quý vị bằng tiếng Việt, xin gọi **1-833-482-0975** hoặc truy cập **myUHC Medicare.com** và tới mục Health & Wellness (Sức khỏe & Khỏe mạnh) và chọn Health Assessment (Đánh giá sức khỏe).

Чтобы пройти оценку на русский языке, позвоните **1-833-482-0998** или посетите веб-сайт **myUHC Medicare.com**, где в разделе «Здоровье и благополучие» (Health & Wellness) выберите пункт «Оценка состояния здоровья» (Health Assessment).

SAMPLE

# Please take a moment to answer this survey

Your responses will help your doctor, care manager and other health care providers understand your everyday life.

Please answer all the questions the best you can. All of your responses will be kept confidential.

For each question, darken the circle completely using only black ink.

Correct mark: ●

Incorrect mark: ○ ✓

## General

1. Compared to others your age, how would you describe your health?

- Excellent     Very good     Good     Fair     Poor

## Current health conditions

2. Are you being treated for or have you been told you have any of the following?  
(Select all that apply.)

- |  |   |
|--|---|
| <input type="radio"/> COPD/Emphysema   | <input type="radio"/> High blood pressure |
| <input type="radio"/> Mental health need (anxiety, depression, schizophrenia or bi-polar disorder) | <input type="radio"/> Kidney dialysis     |
| <input type="radio"/> Diabetes (sugar diabetes) or too much sugar in your blood                    | <input type="radio"/> None                |
| <input type="radio"/> Heart problems (irregular heartbeat, heart attack or heart surgery)          | <input type="radio"/> Doesn't know        |
| <input type="radio"/> Heart failure or enlarged heart  | <input type="radio"/> Declines to answer  |

## Prescription drug

3. How many different medications do you take each day (including prescriptions and over-the-counter medications)?

- 0-7     8 or more

## Hospital stays

4. In the last year, how many times have you stayed overnight as a patient in the hospital?

- 0     1 time     2-3 times     4 or more times

## Help at home

### 5. Do you need help with any of the following activities? (Check all that apply.)

- Bathing                       Eating                       Transfers (example: move from bed to chair)
- Grooming                       Dressing
- Toileting                       Mobility (moving around)                       I do not need any help

### 5.1. If for any reason you need help with day-to-day activities such as bathing, etc., do you have the help you need?

- I get all the help I need                       I could use a little more help                       I need a lot more help

## Memory & mood

### 6. Is it hard for you to concentrate, remember things or make decisions?

- Yes                       No

### 7. Over the last two weeks, how often have you been bothered by little interest or pleasure in doing things?

- Not at all                       Several days                       More than half the days                       Nearly every day

### 8. Over the last two weeks, how often have you been feeling down, depressed or hopeless?

- Not at all                       Several days                       More than half the days                       Nearly every day

## Other

### 9. In the past year, have you been unable to get any of the following when you really needed it? (Select all that apply.)

- Food                       Phone                       Housing
- Clothing                       Medicine or health care                       None needed
- Utilities                       Transportation

### 10. How many times in the past year have you used a recreational drug or a prescription medication for non-medical reasons? (Example: Because of the way it made you feel.)

- Never                       Monthly                       Daily
- Less than monthly                       Weekly                       Declined to answer

### 11. Do you provide care for or look after someone who needs assistance with their care?

- Yes                       No



Please mail this survey in the **enclosed** postage-paid envelope provided to **Health Assessment Processing Center, P.O. Box 5703, Hopkins, MN 55343-7063**. Do **NOT** include your name on the envelope or survey and do **NOT** include anything **other than** this survey in the envelope.