

## Assessment Questionnaire

Please keep the following in mind with applicants completing the questionnaire:

Is the applicant, spouse/domestic partner/significant other, dependent children, or any other member of their household currently being treated for, or expect to be treated for any of the following over the **next 12 months**?

**Y N**

- Organ failure, leading to Bone Marrow or Organ Transplant
- Any genetic condition that requires cell or gene therapy treatments.
- Any cancer that requires chemotherapy, radiation, bone marrow treatments, and/or cell therapy treatments.
- Kidney failure requiring dialysis treatments.
- High-risk pregnancy or pregnancies involving multiple fetuses.
- Hemophilia, or other blood clotting disorders.

Have they seen a medical provider, had treatment recommended, received care (including prescriptions) or been hospitalized for any of the following within the last 5 years.

**Yes No**

1.   Is the applicant or any of their dependents receiving medical care from a doctor currently or has within the past five years been treated for cancer of any kind?
2.   Is the applicant or any of their dependents receiving medical care from a doctor currently or has within the past five years been treated for heart disease (including bypass surgery), heart attack, heart surgery, or stroke?
3.   Has the applicant or any of his/her dependents applying for coverage in the past 5 years been home-bound or incapacitated or incapable of self-support due to a medical condition?
4.   Has the applicant or any of his/her dependents applying for covered, been under the care of a doctor currently or in the past 5 years for Autoimmune or blood disease i.e., Lupus MS, Anemia, AIDS, HIV, Hemophilia, IBS, Crohn's?
5.   Has the applicant or any of his/her dependents, been under the care of a doctor currently or in the past 5 years for Organ Failure or Organ Transplant for Kidney, Liver, Lung, Heart?
6.   Has the applicant or any of his/her dependents, been under the care of a doctor currently or in the past 5 years for any form of organ support (i.e., dialysis)?
7.   Has the applicant or any of his/her dependents applying for coverage currently pregnant or expecting?

8.   Has the applicant or any of his/her dependents applying for coverage, **currently** being treated for condition(s) you have been hospitalized for in the past 5 years?
9.   Has the applicant or any of his/her dependents applying for coverage, been under the care of a doctor currently or in the past 5 years for respiratory disorders, Emphysema, Chronic Bronchitis, COPD or Chronic Pneumonia?
10.   Has the applicant or any of his/her dependents seeking coverage, been under the care of a doctor currently or in the past 5 years for musculoskeletal disorders i.e. Back Disorders, Muscular Dystrophy, Cerebral Palsy, Dermatomyositis, Compartment Syndrome, Sciatica or Osteoporosis?
11.   Has the applicant or any of his/her dependents seeking coverage been under the care of a doctor currently or in the past 5 years for substance abuse or substance dependency?
12.   Has the applicant or any of his/her dependents seeking coverage been under the care of a doctor currently or in the past 5 years as a Type 1 Diabetic?
13.   Has the applicant or any of his/her dependents seeking coverage, been under the care of a doctor currently or in the past 5 years for a previous major surgery? Or have an upcoming planned surgery?
14.   Is the applicant willing to share personal health and consumer insights data through short questionnaires throughout the year?

Applicant Name: \_\_\_\_\_

Date Collected: \_\_\_\_\_