ILLINOIS DEPARTMENT OF Healthcare and Family Services

# Illinois Medicaid Comprehensive Assessment of Needs and Strengths (IM+CANS)

## PERSONAL HEALTH SURVEY

The survey is voluntary and confidential. Your answers will help in understanding any health problems you may have. Please answer every question as best as you can.

## CLIENT INFORMATION

**First Name:** _____ **Last Name:** _____

**Date of Birth:** _____ **Medicaid ID Number (RIN):** _____

**Phone Number:** _____ **Alternate Phone Number:** _____

**Best Time to Call (day and time):** _____

**Person Completing Form:** **Relationship to Client:**

## HEALTH SURVEY (Please only answer the survey questions for the person listed above.)

**1. Do you have any health problems that need to be taken care of quickly?** ☐ Yes ☐ No

If **YES**, what is the health problem? Please explain below.

_____

_____

_____

**2. Do you have a primary care doctor?** ☐ Yes ☐ No ☐ Don't Know

**3. Do you need help making a doctor's appointment?** ☐ Yes ☐ No

**4. What health problems or medical conditions do you have or have you ever had had in the past? Check all that apply.**

- ☐ Breathing problems, such as asthma, COPD, emphysema
- ☐ Bone or joint problems, such as arthritis, osteoporosis, or back pain
- ☐ Cancer
- ☐ Dementia
- ☐ Developmental Delay/Learning Disability
- ☐ Diabetes
- ☐ Hearing Problems
- ☐ Heart problems, such as chest pain, heart attacks, Congestive Heart Failure
- ☐ High Blood Pressure/Hypertension
- ☐ High Cholesterol
- ☐ HIV/AIDS
- ☐ Kidney Diseases/Bladder Problems
- ☐ Mental Health Problems
- ☐ Pregnancy
- ☐ Seizures/Epilepsy
- ☐ Stroke
- ☐ Substance Use Issues
- ☐ Vision Problems
- ☐ Other Health Problems (list): _____

_____

**5. Do you need help with any of following activities?** ☐ Not applicable

- ☐ Bathing/showering
- ☐ Brushing teeth
- ☐ Getting dressed
- ☐ Brushing hair
- ☐ Walking
- ☐ Climbing stairs
- ☐ Using the bathroom
- ☐ Getting to school/work
- ☐ Getting/making food
- ☐ Eating
- ☐ Managing medications
- ☐ Housework/chores

**6. Are you current on your vaccinations?** ☐ Yes ☐ No ☐ Don't Know