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