

We are performing this questionnaire to get a better understanding of your healthcare needs in order to improve our services. All responses will be confidential and only used to identify health risks and appropriate resources to offer.

* 1. If you are a CHP employer group member, please list your employer's name here. You must include your employer's name to receive any benefits offered by your employer for taking this questionnaire. If you are not an employer group member, please type "Individual" in this box.

Disclaimer: your personal information, excluding your first and last name, will not be shared.

* 2. What is your first and last name? You must include your name to receive any benefits offered by your employer for taking this questionnaire if you are on group employer plan.

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* 3. What is your email address?

* 4. Is English your primary language?

- Yes, continue with survey
- No, please contact Member Services at 417-269-2900 to complete the survey in a different language if you prefer

* 5. Do you have a vision impairment that requires special reading materials?

- Yes, please contact Member Services at 417-269-2900 to complete the survey in a different manner
- No, please continue the survey

* 6. How old are you?

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+

* 7. Which of the following do you identify as?

- Male
- Female
- Prefer not to say

* 8. In general, how would you rate your overall health?

- Excellent
- Very good
- Good
- Fair
- Poor

* 9. What is your height in feet and inches? For example, if you are 5 feet and 4 inches, write 5'4".

* 10. What is your current weight in pounds?

* 11. Family Health History: Select any of the following health problems found in your family (parents, siblings).

- colorectal cancer
- breast cancer
- diabetes
- high blood pressure
- Other (please specify)
- high cholesterol
- heart disease
- asthma
- none of these

* 12. Your current health: do you have or have you been told you have any of the following health conditions?

- | | |
|---|---|
| <input type="checkbox"/> stroke | <input type="checkbox"/> high blood pressure |
| <input type="checkbox"/> asthma | <input type="checkbox"/> chronic bronchitis, COPD |
| <input type="checkbox"/> diabetes | <input type="checkbox"/> angina, congestive heart failure or heart attack |
| <input type="checkbox"/> arthritis | <input type="checkbox"/> heartburn |
| <input type="checkbox"/> back pain | <input type="checkbox"/> headaches |
| <input type="checkbox"/> depression | <input type="checkbox"/> anxiety |
| <input type="checkbox"/> osteoporosis | <input type="checkbox"/> allergies |
| <input type="checkbox"/> high cholesterol | <input type="checkbox"/> none of these |
| <input type="checkbox"/> cancer | |
| <input type="checkbox"/> Other (please specify) | |

* 13. Have you had an annual wellness exam or health status check in the past 12 months?

- Yes
 No

* 14. When is the last time that you saw a primary care provider?

- | | |
|--|--|
| <input type="radio"/> Less than 6 months ago | <input type="radio"/> 2 years ago to less than 3 years ago |
| <input type="radio"/> 6 months ago to less than 1 year ago | <input type="radio"/> 3 or more years ago |
| <input type="radio"/> 1 year ago to less than 2 years ago | |

* 15. Do you take a daily multivitamin?

- Yes
 No

* 16. Have you had a flu vaccine in the last 12 months?

- Yes
- No

* 17. Have you had a pneumonia vaccine in that past 12 months?

- Yes
- No
- Not applicable (anyone under age 65)

* 18. Have you ever had a mammogram?

- Yes
- No
- Not applicable (women under age 40 or men)

* 19. Do you have a mammogram performed annually?

- Yes
- No
- Not applicable (women under age 40 or men)

CHP encourages all women over the age of 40 to get an annual mammogram. When billed as a screening with an in-network provider, this benefit will come at no cost to you. For more information, please contact CHP's member services department at 417-269-2900.

* 20. Have you had a pap smear in the past 12 months?

- Yes
- No
- Not applicable (women under age 18 or men)

CHP encourages women over the age of 18 to get an annual pap smear. When billed as a screening with an in-network provider, this benefit will come at no cost to you. For more information, please contact CHP's member services department at 417-269-2900.

* 21. Have you ever had a colonoscopy or other colon cancer screening?

- Yes
- No
- Not applicable (anyone under age 50)

CHP encourages everyone over the age of 50 to get a screening for colon cancer. When billed as a screening with an in-network provider, this benefit will come at no cost to you. For more information, please contact CHP's member services department at 417-269-2900.

* 22. Do you currently use tobacco? This includes smoking and smokeless tobacco.

- Yes, I do
- No, I do not

* 23. Does anyone in your household currently smoke cigarettes?

- Yes, someone does
- No, no one does
- Not sure

CHP encourages a tobacco free lifestyle. CHP partners with CoxHealth which offers classes, support groups, and health education resources.

- My Path to a Nicotine Free Future class provides information and resources to help quit using tobacco

For more information, please visit the CoxHealth website at www.CoxHealth.com where you can search each offering by name.

* 24. About how many alcoholic drinks do you have each week?

- | | |
|---------------------------|------------------------------------|
| <input type="radio"/> 0 | <input type="radio"/> 9-12 |
| <input type="radio"/> 1-4 | <input type="radio"/> 13-16 |
| <input type="radio"/> 5-8 | <input type="radio"/> More than 16 |

CHP encourages you to have a healthy lifestyle, especially if you are struggling. There are some great community resources available to you:

- Alcoholics anonymous: <https://aaswmo.org/>
- Alternatives, Inc (alcohol and substance abuse- also counseling for anger management/mental health): <https://www.missourialternatives.com/>

* 25. How many hours do you sleep each night?

1 12

* 26. About how many times in the average week do you engage in 30 minutes of light activity (i.e. leisurely walking, gardening, cleaning around the house)?

- | | |
|-------------------------|---------------------------------|
| <input type="radio"/> 0 | <input type="radio"/> 3 |
| <input type="radio"/> 1 | <input type="radio"/> 4 |
| <input type="radio"/> 2 | <input type="radio"/> 5 or more |

* 27. About how many times in the average week do you engage in 30 minutes of moderate activity (i.e. brisk walking, light bicycling)?

- | | |
|-------------------------|---------------------------------|
| <input type="radio"/> 0 | <input type="radio"/> 3 |
| <input type="radio"/> 1 | <input type="radio"/> 4 |
| <input type="radio"/> 2 | <input type="radio"/> 5 or more |

* 28. About how many times in the average week do you engage in 30 minutes of strenuous activity (i.e. running or jogging)?

- | | |
|-------------------------|---------------------------------|
| <input type="radio"/> 0 | <input type="radio"/> 3 |
| <input type="radio"/> 1 | <input type="radio"/> 4 |
| <input type="radio"/> 2 | <input type="radio"/> 5 or more |

* 29. About how many cups of fruit do you eat each day? If you don't know for certain, please provide an estimate.

- | | |
|---|--|
| <input type="radio"/> None | <input type="radio"/> 1.5 cups to less than 2 cups |
| <input type="radio"/> Some, but less than 1 cup | <input type="radio"/> 2 or more cups |
| <input type="radio"/> 1 to less than 1.5 cups | |

* 30. About how often do you eat fast food?

- Every day
- A few times a week
- A few times a month
- Less than a few times a month
- Never

* 31. About how many cups of vegetables do you eat each day? If you don't know for certain, please provide an estimate.

- None
- Some, but less than 1 cup
- 1 to less than 1.5 cups
- 1.5 cups to less than 2 cups
- 2 or more cups

* 32. How often do you use sunscreen while out in the sun?

- Always
- Often
- Sometimes
- Rarely
- Never
- Not applicable - I rarely go out in the sun

* 33. How often do you wear a seatbelt when in a car?

- Always
- Often
- Sometimes
- Rarely
- Never
- Not applicable - I rarely travel in a car

* 34. In general, how would you rate your overall mental health?

- Excellent
- Very good
- Good
- Fair
- Poor

* 35. During the past 4 weeks, how bothered did you feel by emotional problems such as feeling anxious, depressed, irritable, or sad?

- Extremely bothered
- Very bothered
- Somewhat bothered
- Not so bothered
- Not at all bothered

* 36. During the past 4 weeks, how disruptive were your physical health or emotional problems to your normal social activities with family, friends, neighbors, or groups?

- Extremely disruptive
- Very disruptive
- Somewhat disruptive
- Not so disruptive
- Not at all disruptive

* 37. During the past 4 weeks, how supported did you feel when you wanted or needed help from others? For example, if you felt lonely and wanted to talk to someone or got sick.

- Extremely supported
- Very supported
- Somewhat supported
- Not so supported
- Not at all supported

* 38. Can you prepare and serve adequate meals independently? (Example: you do not need assistance obtaining ingredients and maintaining a healthy diet.)

- Yes
- No

* 39. Are you able to feed yourself without any difficulty?

- Yes
- No

* 40. Can you manage your finances independently? (Example: budgeting, writing checks, paying bills, visiting the bank)

- Yes
- No

* 41. When it comes to transportation, are you capable of getting around independently? (Example: you are not restricted to traveling with the assistance of others.)

- Yes
- No

* 42. Are you able to dress yourself without difficulty?

- Yes
- No

43. If you would like any additional information, education, or resources please note here. (examples: diabetes support, pain management resources, and nutrition information)

* 44. How satisfied are you with Cox HealthPlans' wellness offerings?

- Very satisfied
- Satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Dissatisfied
- Very dissatisfied

* 45. What would you do to improve the wellness offerings?

Diabetes resources:

- Diabetes Support Group for anyone diagnosed with diabetes
- Living a Healthy Life class with Diabetes for anyone diagnosed with diabetes or pre-diabetes
- Diabetes Care - A team approach to education service meeting the American Diabetes Association national standards for diabetes self-management education.

Heart health resources:

- Feel better now class for anyone with a chronic condition or who has a loved one with a chronic condition
- Bridge to Health program supporting heart-healthy lifestyle, such as proper diet, taking necessary medication, listening to your body and exercise
- Heart Failure Clinic - The center is staffed by a nurse practitioner and gives patients tools to manage their disease
- Peripheral Artery Disease Rehabilitation - Offers education and support to make healthy changes to reduce the risk of having a heart attack or stroke
- Education for patients - offers a variety of online and educational videos and access to comprehensive libraries of Patient Channel and HeartCare Channel videos.

Arthritis and back pain resources:

- Explain Pain class provides self-management techniques to help manage and improve chronic pain

Cancer resources:

- Feel better now class for anyone with a chronic condition or who has a loved one with a chronic condition
- Nutrition services - Including outpatient nutrition, healthy food assistance, cancer nutrition, cooking classes, fitness center, and sports medicine

Lung care resources:

- Feel better now class for anyone with a chronic condition or who has a loved one with a chronic condition
- My Path to a Nicotine Free Future class provides information and resources to help quit using tobacco
- Clinics and specialists supporting Allergy and Asthma
- Pulmonary Rehabilitation - Offers respiratory treatments and pulmonary diagnostic testing

For more information, please visit the CoxHealth website at www.CoxHealth.com where you can search each offering by name.