Health and Wellness Questionnaire
User Guide

General Form Usage:

An attempt to select, by checking the appropriate or closest matched answer to the recipient’s response, should be made for each section of the Health and Wellness Questionnaire (HWQ). Sections that do not apply, or cannot be recalled or obtained from the recipient should be left blank unless supporting documentation can be reviewed and used to formulate the correct answer to the section/question. When documenting the recipient’s response, use the following considerations for each section to assist in selecting the appropriate answer.

Section 1: Living Situation

The Living Situation section is used to capture the recipient’s current living environment. A selection should be made for where and with whom the recipient is currently living.

The following considerations should be taken into account when selecting an answer to the “Where do you live?” question:

- **House/Apartment** – Can be owned or rented. Physical locations would include single family home, apartment, condo, townhouse, mobile home, etc.
- **Assisted Living** – Includes retirement home, communal housing, or other residential facility where assistance is provided.
- **Shelter** – Includes community-based homeless shelter, women’s shelter, victim’s shelter, religious-based shelter, or other temporary shelter setting.
- **Homeless** – No formal physical structure, permanent location or a location that cannot be referenced by a mailing address.
- **Supervised** – Includes in-home supervised living, residential supervised setting, half-way house, or other communal/non communal supervised setting where assistance is NOT provided.

When selecting an appropriate answer to the “Who do you live with?” question, consider the following:

- **Alone** – The recipient is the ONLY permanent resident of the location.
- **Roommate** – The recipient lives with one or more persons who cannot be identified as relatives and who do not have a significant relationship other than acquaintance, friend, or co-worker.
- **Partner / Spouse** – Includes persons that have been identified as having significant emotional and or physical relationships with the recipient. Include persons identified as their long-term mate, partner or spouse
- **Adult Family** – Includes persons with genealogical, or marital ties to the recipient and or the recipient’s immediate family, of legal adult age (18 years or older).
- **Minor Children** – Includes any persons 17 years of age or younger who are residing with the recipient on a long term or permanent basis. Relationship to the recipient does not have to be considered when selecting this answer.
**Section 2: Hospital/Office Visit History.**

The hospital/office visit history section identifies the frequency with which the recipient has utilized healthcare facilities such as emergency rooms, hospitals, or doctors’ offices. The recipient’s response to the questions should only account for the past 12 months.

The following considerations should be made when selecting an answer based on the recipient’s response for “How many times have you visited a doctor’s office?”

- Do not include behavioral health visits.
- Do not include visits to physician’s offices that do not specialize in the treatment of humans.
- Do not include visits in which the focus of the visit did not involve treatment, counseling, diagnosis, or testing of the recipient.

When selecting an answer for “How many times have you gone to an emergency room?”, the recipient should be directed to consider the following locations:

- Private or public emergency room located at or separate from a hospital
- Private or public urgent care facility located at or separate from a hospital

The following should be considered when making a selection based on the recipient’s response to “How many times have you stayed overnight in the hospital?”

- Include private, public, or government hospitals where the primary focus is physical or biological health
- Do not include inpatient stays where the focus of the stay was stabilization, or treatment of behavioral health issues.

**Section 3: Substance Use History**

Responses to questions in the substance use history section should consider the recipient’s entire life span to date. The client’s current consumption for each question should be considered priority when making a selection, Prior status does not need to be identified if a positive finding can be assessed currently.

When calculating “Years smoked” consider all consecutive and non-consecutive years total throughout the recipient’s life span in which they consumed by inhalation all nicotine/tobacco related substances.

Consider the following when selecting an appropriate answer based on the recipient’s response to “Drinks per day”

- **1 drink** = 1 beer, 1 glass of wine, 1 mixed drink, or 1 shot
Section 4: Lipid Profile

This section is optional. If available, the Lipid Profile section should be documented based on the recipient’s most recent lipid test results. Date of results should be indicated. If a lipid profile is not available for the recipient, a Lipid Profile should be obtained from the recipient’s Primary Care Physician, or ordered/drawn.

Section 5: Vitals

Temperature, pulse and blood pressure are optional. Height, weight, BMI and waist are required. Height, weight, BMI and waist size should be measured and documented prior to submission of the Health and Wellness Questionnaire. If the Health and Wellness Questionnaire is being done by a nurse, temperature, pulse and blood pressure can be taken and documented.

Section 6: Social Activity

The Social Activity section is used to assess the recipient’s participation in social events. Responses to the related questions should consider a timeframe perceived as current to the recipient.

Section 7: Physical Activity

The Physical Activity section is used to assess the recipient’s participation in physical activity. Responses to the related questions should consider a timeframe perceived as current to the recipient.

Section 8: Preventive Test History

Preventive Test History responses should be based on the recipient’s last known test, screening, or vaccine.

Consider the following tests when selecting an answer based on the recipient’s answer to “When was the last time you’ve has a Colon Cancer Screen?”

- Colonoscopy
- Flexible Sigmoidoscopy
- Hemoccult Test

Responses to Pap test and Mammogram should only be collected on recipients who are eligible to receive, or would benefit from testing.

Section 9: Chronic Condition History

Selections made based on the recipient’s responses to Chronic Conditions defined on the Health and Wellness Questionnaire should be quantified to the most specific detail captured. Recipient’s diagnosis, treatment and/or current medical care for each condition should be documented as applicable. Multiple positive findings can be documented for each condition.

When selecting an answer to the “Considering your age, how would you rate your overall physical health?” the recipient’s view, opinion and/or outlook should be translated as closely as possible to the
answers provided. If possible, an attempt to obtain the recipient’s agreement with an exact specified answer as provided on the Health and Wellness Questionnaire should be pursued.

**Section 10: Willingness to Participate**

The Willingness to Participate section assesses the recipient’s attitude towards treatment of their physical health related issues, and their willingness to participate in programs to improve, monitor and/or treat their physical health conditions. This section should be presented to the recipient upon completion of the Health and Wellness Questionnaire as closing questions. An attempt to resolve vagueness of responses, and match responses to selectable answers should be made to ensure completeness of the Questionnaire.