Aetna Better Health® of Illinois

Health Risk Screening - Child

Please take a few minutes to fill out this form for your child. This will help us identify any extra needs or services your child may need. Place this completed form in the provided postage paid envelope and drop it in the mail. If you have any questions, call Member Services at **1-866-329-4701 (TTY: 711)**.

Name:_____ Date of Birth: _____ Medicaid ID#:_____

Address:_____

City:_____ State:_____Zip:_____

Phone #:_____ Cell #:_____ ☐ No Phone

Email:_____

Q#	Question/Selections
1	**Do you think the child speaks English well?** ☐ Not at all ☐ Not well ☐ Well ☐ Very well
2	**Does your child have a doctor/primary care provider (PCP) or clinic you go to when your child is sick?** ☐ Yes, only one (list name in Comments) ☐ More than one (list names in Comments) ☐ No I do not have one **Comments:** _____ _____
3	**Does your child take pills or medicine every day from their doctor?** ☐ Yes ☐ No
4	**Have you ever stopped any of your child's pills or medicine and NOT told the doctor?** ☐ Yes ☐ No
5	**Does your child have a problem with their teeth or gums?** ☐ Yes ☐ No
6	**Does your child need help finding a dentist?** ☐ Yes ☐ No
7	**Would you say that in general your child's health is ... :** ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

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8	**Do you think your child has a hard time with emotions, learning, focusing, behaving, or getting along with others?** ☐ Yes, some problems ☐ Yes, a lot of problems ☒ No problems
9	**Does your child see a doctor or clinic for problems with emotions, growth, or their behavior?** ☐ Yes ☐ No
10	**In the last year, how many school days did your child miss because they were sick or hurt?** ☐ None/not in school ☐ 1-5 days ☐ More than 5 days
11	**Does the child often skip or miss school when they are not sick or hurt?** ☐ Yes ☐ No
12	**Can your child do this as well as other children the same age? (if YES, check ALL that apply)** ☐ Eating ☐ Dressing ☐ Walking ☐ Bathing ☐ Toileting ☐ Talking ☐ Not able to do any of these
13	**A doctor or clinic told me that my child is/has: (Mark all that apply):** ☐ Currently PREGNANT ☐ ADHD- attention or learning problems ☐ Alcohol or drug use ☐ Anxiety ☐ Asthma ☐ Autism ☐ Bipolar Disorder ☐ Bone/ joint problems like arthritis, missing limbs ☐ Bowel or stomach problems ☐ Cancer, current ☐ Cancer, past history ☐ Cerebral Palsy ☐ Chronic Kidney Disease ☐ Cleft lip/palate ☐ COPD ☐ Cystic Fibrosis ☐ Depression ☐ Disruptive Mood Disorder (DMDD) ☐ Diabetes ☐ Eating problems (anorexia, bulimia) ☐ Hearing problems /deaf ☐ Heart problems ☐ Hepatitis ☐ HIV/AIDS ☐ Hypertension ☐ Hyperlipidemia ☐ Infection problems like TB ☐ Lead Exposure or Poisoning ☐ Multiple Sclerosis ☐ Newborn exposed to drugs before birth (NAS) ☐ Nerve or brain problems ☐ Obesity ☐ Oppositional Defiance Disorder (ODD) ☐ Depression during or after giving birth ☐ Substance Use during/after giving birth ☐ Post Traumatic Stress Disorder ☐ Schizophrenia ☐ Seizure Disorder ☐ Sexually Transmitted Infection (STI) ☐ Sickle Cell Anemia ☐ Spinal Bifida ☐ Vision problems like blindness, crossed eyes ☐ Transplant (specify type)_____ ☐ Traumatic Brain Injury_____

Q#	Question/Selections
	☐ Weight Management _____ ☐ Other (Please list): _____ ☐ None
14	**In the last year, did your child get any special treatments like PT, OT or speech, or get health care in your home?** ☐ Yes ☐ No
15	**In the last 6 months, has your child gone to the emergency room, seen a specialist doctor, or stayed the night in the hospital more than two times?** ☐ Yes ☐ No
16	**How many different addresses has the child had in the last 12 months?** ☐ Only 1 address in last year ☐ 2-3 addresses ☐ More than 3 ☐ The child is homeless right now
17	**Would you say that in general YOUR physical and mental health are:** ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor
18	**Do you/your child use tobacco products?** ☐ Yes, parent/guardian – doesn't want to quit or reduce ☐ Yes, child – doesn't want to quit or reduce ☐ Yes, parent/guardian – does want to quit or reduce ☐ Yes, child – does want to quit or reduce ☐ No
19	**Does the member or anyone in the household have a prescription for opioid medications?** ☐ Yes ☐ No
20	**Has the member or anyone in their current household ever reported physical, sexual, or psychological abuse?** ☐ Yes ☐ No
21	**Has the member or anyone in their household ever intentionally hurt themselves?** ☐ Yes ☐ No
	Other Needs
22	**TRANSPORTATION:** In the past six months, have transportation issues kept the child from medical appointments or from getting medications? ☐ Yes ☐ No

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23	**FOOD:** Within the past six months, has the parent/guardian worried that food would run out before there was money to buy more? ☐ Yes ☐ No
24	**UTILITIES**: In the past six months has the electric, gas, oil, or Water Company threatened to shut off services in the child's home? ☐ Yes ☐ No
25	**HOUSING:** Does the child have housing? ☐ Yes ☐ No
26	**CHILDCARE:** Do problems getting child-care make it difficult for the parent/guardian to work or go to medical appointments? ☐ Yes ☐ No
27	**SAFETY:** Does the child feel physically and emotionally safe where they currently live? ☐ Yes ☐ No ☐ Not Sure
28	**LONELINESS:** How often does the child see or talk to people that they care about and feel close to? For example talk to friends on the phone, visit friends or family, attend social events? ☐ Always ☐ Usually ☐ Sometimes ☐ Rarely ☐ Never
29	**STRESS**: Stress is when someone feels tense, nervous, anxious, or can't sleep at night because they're too worried about other things. How often does the child feel stressed? ☐ Always ☐ Usually ☐ Sometimes ☐ Rarely ☐ Never
30	**Answer if child is age 16 or older.** **EMPLOYMENT:** Does the child need help finding a job? ☐ Yes ☐ No
31	**CAREGIVER:** Is the parent/guardian feeling stressed about caring for the member or another family member? ☐ Yes ☐ No
32	**LEGAL AID SERVICES:** Is the parent/guardian in need of legal aid services? ☐ Yes ☐ No ☐ Other _____
33	**CELL:** Is the parent/guardian worried about the number of cell phone minutes they have to make important phone calls? ☐ Yes ☐ No