

# Health Survey Instructions

**Step 1:** Go to <https://www.amihealthy.com/>

**Step 2:** To Login, enter your Login Name and Password on the “Healthcare Consumers and Members” side.

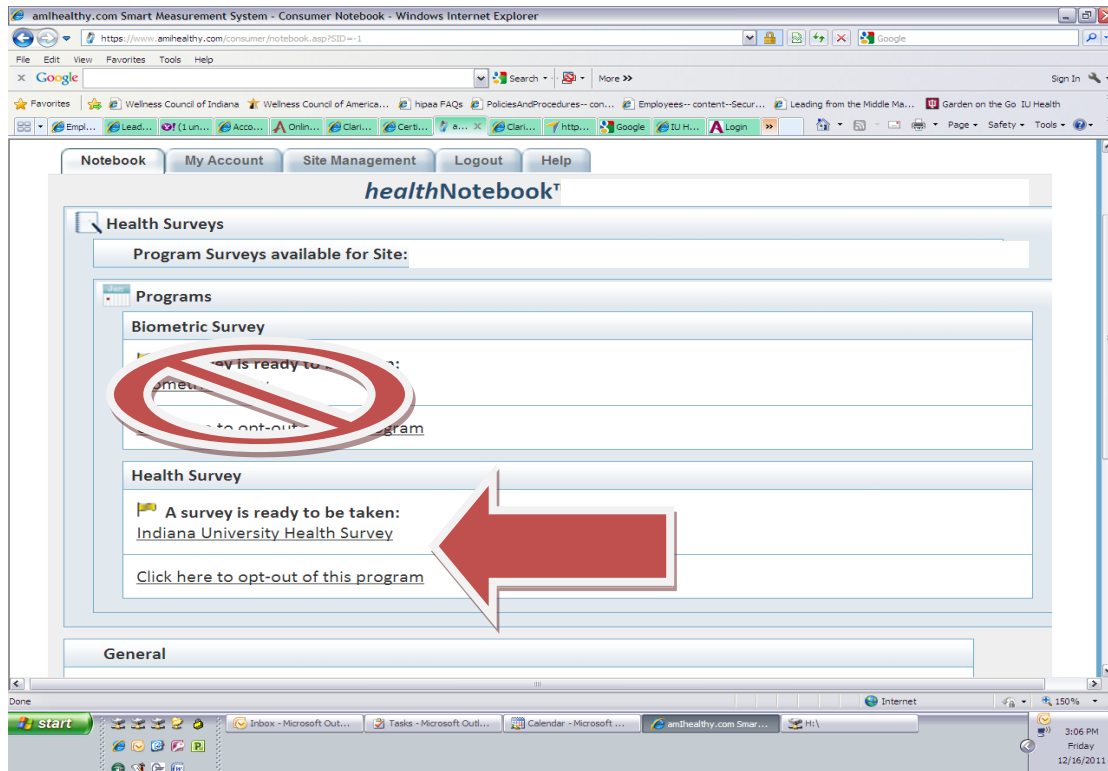
**Login Name:** first initial, last name, last 4 of SSN (all lowercase, no spaces)

**Password:** healthy1 (all lowercase)



**Step 3:** Once logged in, click on the link labeled, “Indiana University Health Survey” to launch the survey.

**NOTE:** Do not use the link labeled “Biometric Survey”



## Step 4: Complete survey.

Please fill out the following form. You cannot save data typed into this form. Please print your completed form if you would like a copy for your records.

**Indiana University Health**

### Health Survey

Survey Date: 11/8/2011      Employer: Indiana University Health

---

**SF-12v2 MH Enhanced Questions**

For each of the following questions, please mark an  in the one box that best describes your answer.

1. In general, would you say your health is:

Excellent	Very good	Good	Fair	Poor
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

## Step 5: Click "Submit" when finished.

disease? .....

18. Do you have any diagnosis, problem, or condition that causes you to have pain in your body all or most days out of the week for the last 6 months or more? Examples might include back pain, arthritis, rheumatoid arthritis, fibromyalgia, lupus, or any other chronic painful condition.

Yes  1      No  2

**Employee Information**

Gender: Male      Date Of Birth: February 1 1974

**Submit**      **Remove answers**

*Thank you for completing these questions!*

SF-12v2<sup>®</sup> Health Survey – MH and SET Enhanced © 1994, 2002, 2008 QualityMetric Incorporated. All rights reserved.  
SF-12<sup>®</sup> is a registered trademark of Medical Outcomes Trust.

United States (English)

Questions? Call: 317-963-5200