

Medicare Wellness Checkup
Health Risk Assessment

Name:

Date:

1. What is your age?
 65-69 70-79 80 or older
2. Are you a female or male?
 Male Female
3. During the past four weeks, how much have you been bothered by emotional problems such as feeling anxious, depressed, irritable, sad or downhearted and blue?
 Not at all Slightly Moderately Quite a bit
 Extremely
4. During the past four weeks, has your physical and emotional health limited your social activities with family, friends, neighbors or groups?
 Not at all Slightly Moderately Quite a bit
 Extremely
5. During the past four weeks, how much bodily pain have you generally had?
 No pain Very mild pain Mild pain Moderate pain
 Severe pain
6. During the past four weeks, was someone available to help you if you needed and wanted help? (For example: if you felt very nervous, lonely or blue; got sick and had to stay in bed; needed someone to talk to; needed help with daily chores; or needed help just taking care of yourself)
 Yes, as much as I wanted Yes, quite a bit Yes, some
 Yes, a little No not at all
7. During the past four weeks, what was the hardest physical activity you could do for at least two minutes?
 Very heavy Heavy Moderate Light Very light
8. Can you get to places out of walking distance without help? (For example, can you travel alone on buses, taxies, or drive your own car?)
 Yes No
9. Can you go shopping for groceries or clothes without someone's help?
 Yes No
10. Can you prepare your own meals?
 Yes No
11. Can you do your housework without help?
 Yes No

12. Because of any health problems do you need the help of another person with your personal care needs such as eating, bathing dressing or getting around the house?

Yes No

13. Can you handle your own money without help?

Yes No

14. During the past four weeks how would you rate your health in general?

Excellent Very good Good Fair Poor

15. How have things been going for you during the past four weeks?

Very well; could hardly be better Pretty well
Good and bad parts about equal Pretty bad
Very bad; could hardly be worse

16. Are you having difficulties driving your car?

Yes, often Sometimes No Not applicable, I do not use a car

17. How often do you eat food that is healthy (such as fresh fruits, fish and vegetables) instead of unhealthy food (such as fried foods, sweets, and "junk food")?

Almost always healthy meal Most of the time healthy meals Some of the time healthy meals
A little of the time Healthy meals Almost never health meals

18. Do you always fasten your seat belt when you are in a car?

Yes, usually Yes, sometimes No

19. How often during the past four weeks have you been bothered by any of the following problems?

	Never	Seldom	Sometimes	Often	Always
Falling or dizzy when standing up					
Sexual problems					
Trouble eating well					
Teeth or denture problems					
Problems using the telephone					
Tiredness or fatigue					

20. Have you fallen two or more times in the past year?

Yes No

21. Are you afraid of falling?

Yes No

22. Are you a smoker?
 No Yes, and I might quit Yes, but I'm not ready to quit
23. During the past four weeks, how many drinks of wine, beer, or other alcoholic beverages did you have?
 10 or more drinks per week 6-9 drinks per week 2-5 drinks per week
 One drink or less per week No alcohol at week
24. Do you exercise for about 20 minutes three or more days a week?
 Yes, most of the time Yes, some of the time No, I usually do not exercise this much
25. Have you been given any information to help you with the following:
- Hazards in your house that might hurt you?
 Yes No
- Keeping track of your medication?
 Yes No
26. How often do you have trouble taking medicines the way you have been told to take them?
 I do not have to take medicine I always take them as prescribed
 Sometimes I take them as prescribed I seldom take them as prescribed
27. How confident are you that you can control and manage most of your health problems?
 Very confident Somewhat confident Not very confident
 I do not have any health problems
28. What is or race? (Check all that apply)
 White Black or African American Asian Native Hawaiian or Other Pacific Islander
 American Indian or Alaskan Native Hispanic or Latino origin or descent Other

These questions are optional and only used for aggregate data analysis. This means that the responses are for your eyes only and do not appear on your summary. No individual information is stored.

-What is your zip code? _____

-When you think about your health care, how much do you agree or disagree with this statement:
 I receive exactly what I want and need, exactly when, and how I want and need it.
 Strongly Agree Somewhat Agree Somewhat Disagree Disagree Strongly
 I do not use health care

-Do you have enough money for everyday needs such as food, clothing, and housing?
 Yes, always Sometimes No

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