MEDICARE WELLNESS CHECKUP

Please complete this checklist before seeing your doctor or nurse. Your responses will help you receive the best health and health care possible.

Your name: _____

Today's date: _____

Your date of birth: _____

1. What is your age?

☐ 65-69. ☐ 70-79. ☐ 80 or older.

2. Are you a male or a female?

☐ 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 or taxis, 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.

continued ➤

' have things been going for you during the **past eks**?

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

you having difficulties driving your car?

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

ou always fasten your seat belt when you are '

Yes, usually.
Yes, sometimes.
No.

' often during the **past four weeks** have you *othered* by any of the following problems?

	Never	Seldom	Sometimes	Often	Always
or dizzy when standing up.	☐	☐	☐	☐	☐
problems.	☐	☐	☐	☐	☐
e eating well.	☐	☐	☐	☐	☐
or denture problems.	☐	☐	☐	☐	☐
ms using the telephone.	☐	☐	☐	☐	☐
ess or fatigue.	☐	☐	☐	☐	☐

e you fallen two or more times in **the past year**?

Yes. ☐ No.

you afraid of falling?

Yes ☐ No

Ye

22. 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 all.

23. 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.

24. 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 medications?
☐ Yes. ☐ No.

25. 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.

26. 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.

27. What is your race? (**Check all that apply.**)

☐ White.
☐ Black or African American.
☐ Asian.
☐ Native Hawaiian or other Pacific Islander.
☐ Indian or Alaskan Native.
☐ cent.

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