Medicare Wellness Checkup

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

Your name______________________________

Today's date____________________________

Date of birth____________________________

1. What is your age?
□ 65-69 □ 70-79 □ 80 or older

2. Are you male or 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, etc?
- □ Not at all
- □ Slightly
- □ Moderately
- □ Quite a bit
- □ Extremely

5. During the **past four weeks**, how much bodily pain have you generally had?
- □ Not at all
- □ Slightly
- □ Moderately
- □ Quite a bit
- □ Extremely

6. During the **past four weeks**, was someone available to help you when you needed it?
- □ Not at all
- □ Slightly
- □ Moderately
- □ Quite a bit
- □ Extremely

7. During the **past four weeks,** what was the hardest physical activity you could do for at least 2 minutes?
- □ Very Heavy
- □ Heavy
- □ Moderate
- □ Light
- □ Very light

8. Can you get to places out of walking distance with Out help? (For example, Can you travel alone on buses, 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, ect?
□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
    - □ 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. Do you always fasten your seat belt when you are in a car?
    - □ Yes, always
    - □ Yes, sometimes
    - □ No

18. 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	□	□	□	□	□

19. Have you fallen two or more times in the past year?
    □Yes □ No

20. Are you a smoker?
    □Yes □ No

21. During the past week, how many alcoholic drinks have you had?
    - □ 10 or more per week
    - □ 6-9 per week
    - □ 2-5 per week
    - □ One or less per week
    - □ No alcohol at all

22. 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 don’t exercise that much

23. Have you been given any information about the following:

    * Hazards in your house that may hurt you?
      □Yes □ No
    *Keeping track of your medications?
      □Yes □ No

24. How often do you have trouble taking medications the way you’ve 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

25. How confident are you that you can control and manage your health problems?
    - □ Very confident
    - □ Somewhat confident
    - □ Not very confident
    - □ I do not have any health problems

26. What is your race?
    - □ White
    - □ Black or African American
    - □ Asian
    - □ Native Hawaiian or Other Pacific Islander
    - □ American Indian or Alaskan Native
    - □ Hispanic or Latino origin or decent
    - □ Other

Thank you very much for completing your Medicare Wellness Checkup. Please give the completed checkup to your doctor