BLANCHARD VALLEY MEDICAL ASSOCIATES
MEDICARE ANNUAL WELLNESS VISIT HEALTH RISK ASSESSMENT

Medicare's annual wellness benefit is more like a preventive wellness interview. The physician's assistant will talk to you about things like fall risk, diet, and needed screening tests. This is not a "routine physical checkup" that you may be used to getting every year or so from your doctor. Medicare does not provide coverage for routine physical exams.

Name: _____ Date of Birth: _____ Date: _____
Please complete this checklist before seeing your doctor or nurse. Your responses will help you receive the best health results and the best health care possible.

1. 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.

2. 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.

3. During the **past four weeks,** how much bodily pain have you generally had?
- ☐No pain.
- ☐Very mild pain.
- ☐Mild pain.
- ☐Moderate pain.
- ☐Severe pain.

4. 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 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.

5. 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.

6. Can you get to places out of walking distance without help? (For example, can you travel alone on buses, taxis, or drive your own car?)
- ☐Yes. ☐No

7. Can you go shopping for groceries or clothes without someone's help?
- ☐Yes. ☐No

8. Can you prepare your own meals?
- ☐Yes. ☐No

9. Can you do your housework without help?
- ☐Yes. ☐No

10. 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.

11. Can you handle your own money without help?
- ☐Yes. ☐No.

12. During the **past four weeks,** how would you rate your general health?
- ☐Excellent.
- ☐Very good.
- ☐Good.
- ☐Fair.
- ☐Poor.

13. 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.

14. Are you having difficulties driving your car?
- ☐Yes, often.
- ☐Sometimes.
- ☐No.
- ☐I do not drive a car.

15. Do you always fasten your seat belt when you are in a car?
- ☐Yes, usually.
- ☐Yes, sometimes.
- ☐No.

16. Have you fallen two or more times in the past year?
- ☐Yes. ☐No.

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17. Are you afraid of falling?
☐Yes. ☐No

18. How many times during the **past four weeks** have you been bothered by any of the following problems?

Falling or dizzy when standing up _____
Sexual problems _____
Trouble eating well _____
Teeth or denture problems _____
Problems using the telephone _____
Tiredness or fatigue _____

19. Are you a smoker?
☐No.
☐Yes, but I would like to quit.
☐Yes, but I am not ready to quit.

20. 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.

21. 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.

22. Do you need 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.

23. How often do you have trouble taking medications 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.

24. In the past 7 days, how often have you eaten three meals a day? _____

25. In the past 7 days, how many servings of fruits and vegetables did you typically eat each day? (1 serving = 1 cup of fresh vegetables, ½ cup of cooked vegetables, or 1 medium piece of fruit. 1 cup = size of baseball)

_____ servings per day

26. In the past 7 days, how many servings of high fiber or whole grain foods did you typically eat each day? (1 serving = 1 slice of 100% whole wheat bread, 1 cup of whole-grain or high-fiber ready to eat cereal, ½ cup cooked cereal, brown rice, or whole wheat pasta?

_____ servings per day

27. In the past 7 days, how many servings of fried or high fat foods did you typically eat each day? (Examples include fried chicken, fried fish, bacon, French fries, potato chips, doughnuts, creamy salad dressings, and foods made with whole milk, cream, cheese, or mayonnaise.)

_____servings per day

28. In the past 7 days, how many sugar-sweetened (not diet) beverages did you typically consume each day?

_____ sugar sweetened beverages per day

29. Do you have a healthcare Power of Attorney?
☐Yes. ☐No.
If yes, please bring a copy to your visit.

30. Do you have a living will?
☐Yes. ☐No
If yes, please bring a copy to your visit.

31. Do you desire any more information on end-of life planning at this time?
☐Yes. ☐No.

32. 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.

Comments: _____

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Reviewed by: _____