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| C:\Users\liisa\AppData\Local\Microsoft\Windows\INetCacheContent.Word\MRC_Logo gif.gif | [Healthcare facility name][Street Address][City, ST ZIP Code][Phone] |

# Daily Well-Check

## Patient # Volunteer# Date: Time:

### In general, how do you feel today?

🞎 Better 🞎 Same 🞎 Worse

Comments:

### Are you feeling more tired or weak than usual?

🞎 Yes 🞎 No

Comments:

### Since we last spoke, have you experienced any difficulty breathing, dizziness, or light headedness?

🞎 Yes 🞎 No

Comments:

### Since we last spoke, have you experienced any new pain or chest pain?

🞎 Yes 🞎 No

Comments:

### Are you experiencing any difficulties moving around your home?

🞎 Yes 🞎 No

Comments:

### Do you have any other new medical complaints?

🞎 Yes 🞎 No

Comments:

### Have you been taking your medications and following your doctor’s recommendations?

🞎 Yes 🞎 No

Comments:

### How do you feel about your current medication regimen and medical guidance?

🞎 Good 🞎 No Opinion 🞎 Poor 🞎 Other

Comments:

### What services are you receiving today?

🞎 Meals on Wheels 🞎 VNA 🞎 Home Care Services

🞎 Case Manager 🞎 Adult Day Care 🞎 other

Comments:

Is there any information or services we can help provide you with?

🞎 Counseling 🞎 E Communication Support 🞎 Social Support

🞎 Home safety 🞎 Healthy Eating 🞎 other

Comments:

### Do you have any appointments today? If yes, do you have transportation to your appointment?

🞎 Yes 🞎 No 🞎 Yes 🞎 No

Comments:

### Have you been communicating with your emergency contacts, family, or support network?

🞎 Yes 🞎 No

Comments:

### Can I call you tomorrow or on our regularly scheduled day at our normal time?

🞎 Yes | 🞎 No

Comments:

## Volunteer notes:

Was there anything unusual about the participant? 🞎 Yes | 🞎 No

Was there anything that concerned you about the participant? 🞎 Yes | 🞎 No

If ***yes***, to either question call emergency contact, primary care provider, or emergency medical services

Who did you call?

What time did you call?

Did they answer?

What is the plan to check patient?

## Additional Feedback

|  |
| --- |
| Please list any other information that you would like us to have: |
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