MEDICARE WELLNESS CHECKUP

 \square No, not at all.

Please complete this checklist before seeing your Your name: doctor or nurse. Your responses will help you receive the best health and health care possible. 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? 7. During the **past four weeks**, what was the hardest ☐ Male. ☐ Female. physical activity you could do for at least two minutes? 3. During the past four weeks, how much have you ☐ Very heavy. been bothered by emotional problems such as feeling ☐ Heavy. anxious, depressed, irritable, sad, or downhearted and ☐ Moderate. blue? ☐ Light. \square Not at all. ☐ Very light. ☐ Slightly. 8. Can you get to places out of walking distance without \square Moderately. help? (For example, can you travel alone on buses or \square Quite a bit. taxis, or drive your own car?) ☐ Extremely. Yes. 4. During the past four weeks, has your physical and emotional health limited your social activities with family 9. Can you go shopping for groceries or clothes without friends, neighbors, or groups? someone's help? \square Not at all. \square Yes. □ No. ☐ Slightly. 10. Can you prepare your own meals? \square Moderately. Yes. □ No. \square Quite a bit. ☐ Extremelv. 11. Can you do your housework without help? 5. During the past four weeks, how much bodily pain ☐ Yes. ☐ No. have you generally had? 12. Because of any health problems, do you need \square No pain. the help of another person with your personal care ☐ Very mild pain. needs such as eating, bathing, dressing, or getting ☐ Mild pain. around the house? \square Moderate pain. Yes. □ No. ☐ Severe pain. 13. Can you handle your own money without help? 6. During the past four weeks, was someone available to help you if you needed and wanted help? ☐ Yes. ☐ No. (For example, if you felt very nervous, lonely, or blue; 14. During the past four weeks, how would you rate got sick and had to stay in bed; needed someone to talk your health in general? to; needed help with daily chores; or needed help just ☐ Excellent. taking care of yourself.) ☐ Very good. ☐ Good. \square Yes, as much as I wanted. ☐ Fair. \square Yes, quite a bit. □ Poor. \square Yes, some. ☐ Yes, a little.

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. Do you always fasten your seat belt when you are in a car? Yes, usually. Yes, sometimes. No.		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. 0-1-2-5 drinks 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?			
			18. How often during the past four been <i>bothered</i> by any of the follow		☐ 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.
			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 are you afraid of falling? Yes. No. 20. Are you afraid of falling? Yes. No. 21. Are you a smoker? No.		□ 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. □ American Indian or Alaskan Native. □ Hispanic or Latino origin or descent. □ Other.
			☐ Yes, and I might quit. ☐ Yes, but I'm not ready to quit.		Thank you very much for completing your Medicare Wellness Checkup. Please give the completed checkup to your doctor or nurse.