

Medicare Annual Wellness Visit

Demographics

Name:

1. How old are you?
 - 65-69
 - 70-79
 - 80 or older
2. How would you best describe your ethnicity?
 - American Indian or Alaskan Native
 - Asian or Asian American
 - Black or African American
 - Hawaiian or Pacific Islander
 - Hispanic or Latino
 - Non-Hispanic White
3. How would you describe your marital status?
 - Married
 - Divorced
 - Widowed
 - Never been married
 - Part of an unmarried couple
4. How would you describe your employment status?
 - Employed for wages
 - Homemaker
 - Out of work
 - Retired
 - Self employed
 - Unable to work
5. How many children do you have?
 - None
 - One
 - Two
 - Three
 - Four
 - Five
 - More than 5
6. Do you live close to your child/children?
 - Yes
 - No
7. How often do you talk to your child/children?
 - Never
 - Rarely
 - Every day
 - Seldom
 - Often

Risk Assessment

8. Have you ever used tobacco products?
 - Yes, within the past six months
 - Yes, more than six months ago
 - Yes, more than two years ago
 - No
9. Do you currently use tobacco products?
 - Yes
 - No
- 10 (if cigarette smoker) How long have you smoked?
 - 0-5 years
 - 6-10 years
 - 11-15 years
 - 16-20 years
 - >20 years

- 11 (if cigarette smoker) How many cigarettes do you some per day?
- 10 or fever
 - 11-20
 - 21-30
 - 30 or more
- 12 How many alcoholic beverages (*i.e.* 1oz hard liquor, one glass of wine, one bottle of beer) do you drink daily, on average?
- None
 - 1-2
 - 3-4
 - 5-6
 - More then 6
- 13 Have you ever felt the need to cut down on drinking?
- Yes
 - No
- 14 Have people annoyed you with criticism of your drinking?
- Yes
 - No
- 15 Do you or have you felt guilty for drinking?
- Yes
 - No
- 16 Have you ever felt the need to drink first thing in the morning to steady your nerves or to get rid of a hangover?
- Yes
 - No
- 17 How often do you exercise?
- Never
 - Daily
 - Often
 - Rarely
- 18 How vigorously can you exercise?
- Not at all
 - Minimally
 - Moderately
 - Very vigorously
- 19 How often do you use the seatbelts?
- Never
 - Sometimes
 - Most of the time
 - Always
- 20 In the past month, how often have you had sex?
- Never
 - Rarely
 - Once a week
 - Almost daily
 - Daily
- 21 Do you have any significant difficulties or dysfunction during sex?
- No, never
 - Yes, rarely
 - Yes, sometimes
 - Yes, frequently
 - Yes, all the time

22 How many partners do you have?

- None
- One
- Two
- Three
- More than three

23 How often do you experience pain with sex?

- Never
- Sometimes
- Most of the time
- Always

24 How often do you use condoms during sex?

- Never
- Sometimes
- Most of the time
- Always

Mental Health Assessment

25 In the past two weeks, how often have you felt depressed, down or hopeless?

- Never
- Rarely
- More than half of the days
- Every day

26 In the past month, how often have you felt anxious or stressed?

- Never
- Rarely
- More than half of the days
- Every day

27 What is your average level of daily stress?

- None
- Low
- Mild
- Moderate
- High

28 In the past two weeks, how often have you felt a lack of pleasure or interest in doing things

- Never
- Rarely
- More than half of the days
- Every day

29 In the past two weeks, how often have you had difficulty falling asleep or episodes of sleeping too long?

- Never
- Rarely
- More than half of the days
- Every day

30 In the past two weeks, how often have you had a lack of energy?

- Never
- Rarely
- More than half of the days
- Every day

31 In the past two weeks, how often have you had feeling of being better off dead or thoughts of harming yourself

- Never
- Rarely
- More than half of the days
- Every day

32 Have you ever attempted to harm yourself?

- Yes No

General Health/Pain assessment

33 In the past month, how often did you experience pain?

- Never Most days
 Daily Rarely
 Frequently

34 In the past month, how much has pain affected your ability to work?

- Not at all To a moderate degree
 A little To an extreme degree

35 In the past month, how much has pain affected your ability to walk?

- Not at all To a moderate degree
 A little To an extreme degree

36 In the past month, how much has pain affected your relationship with other people?

- Not at all To a moderate degree
 A little To an extreme degree

37 On a scale of 1-10, how bad would you rate your average daily pain

- No pain 6
 1 7
 2 8
 3 9
 4 10

38 How would you describe the ease with which you can prepare your own food?

- Very easy Somewhat difficult
 Easy Very difficult
 A little difficult I can't prepare my own food

39 How would you describe the ease with which you can bathe or clean yourself

- Very easy Somewhat difficult
 Easy Very difficult
 A little difficult I can't bathe or clean myself

40 How would you describe the ease with which you can dress yourself

- Very easy Somewhat difficult
 Easy Very difficult
 A little difficult I can't dress myself

41 How hard is it to use the toilet by yourself?

- Very hard
- Somewhat hard
- A little hard
- Not hard at all

42 How would you describe the ease with which you can do your own shopping?

- Very easy
- Easy
- A little difficult
- Somewhat difficult
- Very difficult
- I can't do my own shopping

43 How would you describe the ease with which you can get around the house at all without assistance?

- Very easy
- Easy
- A little difficult
- Somewhat difficult
- Very difficult
- I can't get around the house at all without assistance

44 How would you describe your ability to pay your bills

- Very good
- Good
- Adequate
- Poor
- Very poor

45 How would you describe your ability to plan your daily and monthly budgets

- Very good
- Good
- Adequate
- Poor
- Very poor

46 How would you describe your ability to do routine housework?

- Very good
- Good
- Adequate
- Poor
- Very poor

Home safety/Assistance

47 Do you feel like you are safe in your current home?

- Yes
- No

48 How many times have you fallen in your current home

- Never
- Once
- A few times
- Many times
- All the time

49 How much would you need to change your living circumstances to feel safe?

- Not at all
- A little
- Quite a bit
- A significant amount

50 Do you feel that living somewhere else would be good for you

- Yes
- No

51 How much help do you feel you need at home

- None
- A little
- Quite a bit
- Daily assistance

52 How much does your family help with daily or routine chores

- Not at all
- A little
- Quite a bit
- A significant amount