MEDICARE WELLNESS CHECKUP

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

Your name: ____________________________________________

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?
   ☐ 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, or groups?
   ☐ Not at all.
   ☐ Slightly.
   ☐ Moderately.
   ☐ Quite a bit.
   ☐ Extremely.

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

6. 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 daily 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.

7. 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.

8. Can you get to places out of walking distance without help?
   (For example, can you travel alone on buses or 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, or getting around the house?
    ☐ 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.
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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.

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

<table>
<thead>
<tr>
<th>Problem</th>
<th>Never</th>
<th>Seldom</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
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</thead>
<tbody>
<tr>
<td>Falling or dizzy when standing up.</td>
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<tr>
<td>Sexual problems.</td>
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<td>Trouble eating well.</td>
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<td>Teeth or denture problems.</td>
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<td>Problems using the telephone.</td>
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<td>Tiredness or fatigue.</td>
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</tbody>
</table>

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

20. Are you afraid of falling?
   - Yes.  
   - No.

21. Are you a smoker?
   - No.
   - Yes, and I might quit.
   - Yes, but I’m not ready to quit.

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.
   - 2-5 drinks per week.
   - One drink or less 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?
      - 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.
   - 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.

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