

## Medicare Wellness Annual Visit

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Date: \_\_\_\_\_

List any specialists and the medical problem for which you see them: \_\_\_\_\_

How would you rate your health in general?

- Excellent
- Very good
- Good
- Fair
- Poor

Do you always fasten your seat belt?

- No  Yes

Do you have a written directive for your health?

- No
- Living Will
- Durable Power of Attorney - who? \_\_\_\_\_
- Advanced Directive - who? \_\_\_\_\_

What is your level of physical activity?

- Vigorous
- Moderate
- Sedentary

In the past 2 weeks, how often have you been bothered by little interest or pleasure in doing things?

- Not at all
- Several days
- More than half the days
- Nearly every day

How often do you exercise?

- Daily
- 3-4 times per week
- 2-3 times per week
- Occasional
- Never

Have you ever been a smoker?

- Never
- Yes, but quit \_\_\_ years ago
- Yes, but I want to quit
- Yes, and I'm not ready to quit

In the past 2 weeks, how often have you been bothered by feeling down, depressed or hopeless?

- Not at all
- Several days
- More than half the days
- Nearly every day

How often do you drink alcohol?

- Never
- Daily
- Weekly
- Monthly
- Yearly

Which of the following do you need help with?

- Dressing
- Bathing
- Walking
- Shopping
- Housekeeping
- Managing medications
- Handling your money

During the past 4 weeks, how much bodily pain have you generally had?

- No pain
- Very mild pain
- Mild pain
- Moderate pain
- Severe pain

How many times have you fallen in the last year?

- \_\_\_ Did it result in injury?  No  Yes

Do you have troubles with your hearing?

- No  Yes