

Patient Name: _____

Date of Birth: _____



Medicare Health Risk Assessment

As part of your annual well visit with Medicare, please answer the following questions.

Self-assessment of health status

What is your race? *(Check box that applies)*

- | | |
|--|---|
| <input type="checkbox"/> Alaskan Native | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Patient Refused |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Black | <input type="checkbox"/> White |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Other |

Over the last 4 weeks, how would you rate your health?

- | | | | |
|------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
|------------------------------------|-------------------------------|-------------------------------|-------------------------------|

Do you have problems with your memory? YES NO

Do you eat 5 servings of fruits and vegetables a day? *(Circle answer that applies)* YES NO

Are you on any special diet? _____

Do you take any vitamins or calcium supplement? _____

Do you exercise at least 20 minutes, 3 or more times per week? YES NO

What type of exercise are you doing? _____

how many times per week? _____ How long each session? _____

Have you had a recent EKG? If so when and where? _____

Psychosocial risks

- | | | | |
|---|-----|----|-----------|
| In the past 4 weeks, have you felt lonely? | YES | NO | SOMETIMES |
| In the past 4 weeks, have you felt angry? | YES | NO | SOMETIMES |
| In the past 4 weeks, have you felt isolated? | YES | NO | SOMETIMES |
| In the past 4 weeks, have you felt stressed? | YES | NO | SOMETIMES |
| In the past 4 weeks, have you had sexual difficulty? | YES | NO | SOMETIMES |

Home safety (Circle answer that applies)

Do you have trouble hearing?	YES	NO
Do you wear a hearing aid?	YES	NO
Does your home have rugs in the hallway?	YES	NO
Do you have grab bars in the bathroom?	YES	NO
Have you fallen in the past 12 months?	YES	NO
How many times have you fallen in the past 12 months? _____		
Does your home have poor lighting?	YES	NO
Do you have handrails on the stairs?	YES	NO

Activities of daily living (ADL's)

In the past 4 weeks, have you had...?

Walking

Difficulty walking across a room in the past 4 weeks (including using a cane or walker)?	YES	NO
Do you need help with this task?	YES	NO
Do you have help with this task?	YES	NO
Is your family concerned about you performing this task?	YES	NO

Falls Risks

Difficulty going up or down the stairs in the past 4 weeks?	YES	NO
Do you need help with this task?	YES	NO
Do you have help with this task?	YES	NO
Is your family concerned about you performing this task?	YES	NO
Difficulty standing up or sitting down in the past 4 weeks?	YES	NO
Do you need help with this task?	YES	NO
Do you have help with this task?	YES	NO
Is your family concerned about you performing this task?	YES	NO

Dressing

Difficulty dressing in the past 4 weeks?	YES	NO
Do you need help with this task?	YES	NO
Do you have help with this task?	YES	NO
Is your family concerned about you performing this task?	YES	NO

Brushing Teeth

Difficulty brushing teeth in the past 4 weeks?	YES	NO
Do you need help with this task?	YES	NO
Do you have help with this task?	YES	NO
Is your family concerned about you performing this task?	YES	NO

Bathing

Difficulty bathing or taking a shower in the past 4 weeks?	YES	NO
Do you need help with this task?	YES	NO
Do you have help with this task?	YES	NO
Is your family concerned about you performing this task?	YES	NO

Toileting

Difficulty using the toilet in the past 4 weeks?	YES	NO
Do you need help with this task?	YES	NO
Do you have help with this task?	YES	NO
Is your family concerned about you performing this task?	YES	NO

Eating

Difficulty feeding yourself in the past 4 weeks?	YES	NO
Do you need help with this task?	YES	NO
Do you have help with this task?	YES	NO
Is your family concerned about you performing this task?	YES	NO

Managing Medications

Difficulty managing medications in the past 4 weeks?	YES	NO
Do you need help with this task?	YES	NO
Do you have help with this task?	YES	NO
Is your family concerned about you performing this task?	YES	NO

Cooking

Difficulty cooking in the past 4 weeks?	YES	NO
Do you need help with this task?	YES	NO
Do you have help with this task?	YES	NO
Is your family concerned about you performing this task?	YES	NO

Housecleaning

Difficulty house cleaning in the past 4 weeks?	YES	NO
Do you need help with this task?	YES	NO
Do you have help with this task?	YES	NO
Is your family concerned about you performing this task?	YES	NO

Laundry

Difficulty doing laundry in the past 4 weeks?	YES	NO
Do you need help with this task?	YES	NO
Do you have help with this task?	YES	NO
Is your family concerned about you performing this task?	YES	NO

Communication

Difficulty using a computer in the past 4 weeks?	YES	NO
Do you need help with this task?	YES	NO
Do you have help with this task?	YES	NO
Is your family concerned about you performing this task?	YES	NO
Difficulty using a phone in the past 4 weeks?	YES	NO
Do you need help with this task?	YES	NO
Do you have help with this task?	YES	NO
Is your family concerned about you performing this task?	YES	NO

Managing Finances

Difficulty managing finances or paying bills In the past 4 weeks?	YES	NO
Do you need help with this task?	YES	NO
Do you have help with this task?	YES	NO
Is your family concerned about you performing this task?	YES	NO

Transportation

Difficulty using public transportation or driving a car in the past 4 weeks?	YES	NO
Do you have help with this task?	YES	NO
Is your family concerned about you performing this task?	YES	NO

Shopping

Difficulty shopping in the past 4 weeks?	YES	NO
Do you need help with this task?	YES	NO
Do you have help with this task?	YES	NO
Is your family concerned about you performing this task?	YES	NO