

Patient Name:

Date: / / 2015



Dear Patient,

In 2011, Medicare started a new program called the "Annual Wellness Visit". It is a comprehensive visit with your medical provider to verify your health issues, identify any health risks that you may have and help coordinate your care. During the visit, your medical provider cannot address any particular health issues and may not do a comprehensive physical exam. The Annual Wellness Visit is a very specific appointment that is dictated by Medicare. If you do have additional concerns, we ask that you make an appointment at another time to see your medical provider.

Below are Questions that will help your medical provider during this visit:

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

During the past four weeks, how would you rate your health in general? Excellent
Very good
Good
Fair
Poor

How have things been going for you during the past four weeks? Very well; could hardly be better
Pretty good
Good and bad parts about equal
Pretty bad
Very bad; could hardly be worse

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

Can you get out 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

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

Can you prepare your own meals? Yes
No

Can you do your housework without help? Yes
No

Are you having difficulties driving your car? Yes, often
Sometimes
No
Not applicable, I do not use a car

Do you always fasten your seat belt when you are in a car?

- Yes, usually
Yes, sometimes
No

Have you fallen two or more times in the past year?

- Yes
No

Are you a smoker?

- No
Yes, and I might quit
Yes, but I'm not ready to quit

How often do you have a drink containing alcohol?

- Never
Monthly or less
2-3 times a month
2-3 times a week
4 or more times a week

If you answered Yes to drinking alcohol, how many standard drinks containing alcohol do you have on a typical day?

- 1 or 2
3 or 4
5 or 6
7 to 9
10 or more

If you answered Yes to drinking alcohol, how often do you have six or more drinks?

- Never
Less than Monthly
Monthly
Weekly
Daily or almost Daily

During the past two weeks, how often have you been bothered by any of the following problems:

Little interest or please in doing things.

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

Feeling down, depressed, or hopeless?

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

Do you have a family history of Glaucoma (a disease of the eye)?

- Yes
No

Did you receive a blood transfusion before 1992?

- Yes
No

Do you currently have multiple sexual partners?

- Yes
No

Have you been bothered by any of these problems in the past four weeks?

- Falling or feeling dizzy when standing up. Yes
No
- Sexual problems. Yes
No
- Trouble eating well. Yes
No
- Teeth or denture problems. Yes
No
- Problems using the telephone. Yes
No
- Tiredness or Fatigue. Yes
No
- Losing control of your urine and wetting yourself. Yes
No

During the past four weeks, what was the hardest physical activity you could do for a minute? Very heavy
Heavy
Moderate
Light
Very light

Do you exercise three or more days a week (for about 20 minutes each)? Yes, most of the time
Yes, some of the time
No, I usually do not exercise that much

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

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

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

What is your race? White
Black or African American
Hispanic or Latino origin or decent
Asian
Other (Native Hawaiian, Pacific Islander, American Indian, Alaskan Native, others)