Medicare Health Risk Assessment/Questionnaire
(Welcome to Medicare and Wellness Visits)

Please complete the questions below. Your responses will help you receive the best health care possible. Check the box that applies or fill in the blanks when applicable.

1. Do you have an Advance directive, living will, or power of attorney for health care document that contains your wishes for end of life care?
   - Yes
   - No
   - I don’t know

2. Would you like additional information on advance directives?
   - Yes
   - No

3. During the past 4 weeks, how would you rate your health?
   - Excellent
   - Very Good
   - Good
   - Fair
   - Poor

4. During the past 4 weeks, what was the hardest physical activity you could do for at least 2 minutes?
   - Very Heavy
   - Heavy
   - Moderate
   - Light
   - Very Light

5. Do you do moderate to strenuous exercise (brisk walk) for about 20 minutes for 3 or more days per week?
   - Yes, most of the time
   - Yes, some of the time
   - No, I usually do not exercise this much
   - No, but I am active with housework or yard work (vacuuming, raking, etc.)

6. How many servings of the following would you typically eat in a day?
   a. Fruits and Vegetables (1 serving = 1 piece of fruit, ½ cup fruits or vegetables)
      - None
      - 1 per day
      - 2-3 per day
      - 4-5 per day
      - 6 or more per day
   
   b. High Fiber/Whole Grain Foods (1 serving = 1 cup cold cereal, ½ cup cooked cereal, 1 slice bread)
      - None
      - 1 per day
      - 2-3 per day
      - 4-5 per day
      - 6 or more per day

   c. Fried or High Fat Foods (1 serving = Bacon, French fries, chips, doughnut, fried chicken/fish)
      - None
      - 1 per day
      - 2 per day
      - 3 per day
      - 4 or more per day

   d. Sugar Sweetened Beverages (1 serving = 1 can or 12 oz. cup of soda or juice)
      - None
      - 1 per day
      - 2 per day
      - 3 per day
      - 4 or more per day

X43590A (1/18)
7. Have you had a fall two or more times in the past year?
   □ Yes □ No

8. During the **past 4 weeks**, has your physical and emotional health limited your social activities with family, friends, neighbors, or other groups?
   □ Not at all □ Slightly □ Moderately □ Quite a bit □ Extremely

9. Do you feel safe at home?
   □ Yes □ No

10. How often do you have trouble taking medicines the way you have been told to take them?
    □ I am not on any prescribed medications □ I always take my prescribed medications
    □ Sometimes I take my prescribed medications □ I seldom take my prescribed medications
    □ I do not take my prescribed medications

11. Over the **past 4 weeks** how often have you experienced the following?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Never</th>
<th>Seldom</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bladder Control problems (urine leaking)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bowel control problems</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teeth or Denture Problems</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bodily pain</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tiredness or Fatigue</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling stressed or overwhelmed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anger or frustration</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problems with your hearing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problems using the telephone</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problems with your balance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Driven/Ridden in a car without wearing your seatbelt</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual Problems</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12. Do you need help with any of the following activities? (check all that apply)
    □ Bathing
    □ Dressing and grooming
    □ Feeding Yourself
    □ Using the Toilet
    □ Getting in and out of bed or chairs
    □ None of these apply to me
13. Do you need help with any of the following activities?
   - Get to places outside of walking distance (can’t drive alone, or take a bus/taxi alone)
   - Go shopping for groceries or clothes
   - Do your housework or laundry
   - Prepare a meal
   - Handle your own money
   - None of these apply to me

14. During the **past 4 weeks**, was someone available to help if you needed and wanted help?
   - Yes, as much as I wanted
   - Yes, quite a bit
   - Yes, some
   - Yes, a little
   - No, not at all

15. 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

16. How often do you use any kind of tobacco, including cigarettes, cigars, pipe, snuff, or chewing tobacco?
   - Current, every day
   - Current, some days
   - Former Smoker
   - Heavy Smoker
   - Light Smoker
   - Never Smoker
   - Never Smoker (exposed to second hand smoke)

17. Do you use any recreational drugs?
   - Yes, use per week
   - No
   - If yes, select type:
     - Marijuana
     - Methamphetamines
     - Cocaine
     - IV
     - Heroin

18. Do you drink alcohol?
   - Yes
   - No
   - If yes, please indicate how many drinks per week of the following:
     - Glasses of wine
     - Cans of beers
     - Shots of liquor
     - Not Specified

19. Over the **past 2 weeks**, how often have you been bothered by any of the following problems?

<table>
<thead>
<tr>
<th>Problem</th>
<th>Not At All (0 points)</th>
<th>Several Days (1 point)</th>
<th>More than Half the Day (2 points)</th>
<th>Nearly Every Day (3 points)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Little interest or pleasure in doing things?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Feeling down, depressed, or hopeless?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

*If your answers totaled three or more points proceed to the next set of questions.*
**PHQ-9**

- **Not At All**
- **Several Days**
- **More than Half the Days**
- **Nearly Every Day**

<table>
<thead>
<tr>
<th>Problem</th>
<th>Not At All</th>
<th>Several Days</th>
<th>More than Half the Days</th>
<th>Nearly Every Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trouble falling or staying asleep or sleeping too much?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling tired or having little energy?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor appetite or overeating?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling bad about yourself or that you are a failure or have let yourself or your family down?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trouble concentrating on things, such as reading or watching television?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moving or speaking so slowly that other people noticed or the opposite – being so fidgety or restless that you have been moving around a lot more than usual?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thoughts that you would be better off dead or hurting yourself in some way?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**If you checked off any problem above how difficult have these problems made it for you to do your work, take care of things at home or get along with other people?**

<table>
<thead>
<tr>
<th>Difficult</th>
<th>Not difficult at all</th>
<th>Somewhat difficult</th>
<th>Very difficult</th>
<th>Extremely difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**PHQ-9** is adapted from PRIME MD TODAY, developed by Drs Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer Inc. For research information, contact Dr Spitzer at ris8@columbia.edu. Use of the PHQ-9 may only be made in accordance with the Terms of Use available at http://www.pfizer.com. PHQ-9 (C) 1999 Pfizer Inc. All rights reserved. Reproduced with permission. PRIME MD TODAY is a trademark of Pfizer Inc.
Your Medicare Wellness Visit

What is a Medicare Wellness Visit?
This visit is designed to assess your current wellness and identify risk factors for future health problems. An easy and important way to stay healthy is to get early disease screenings or prevention tests.

It is best to meet with your provider every 12 months to:
• Review your current health
• Create a plan of care just for you
• Get the important screenings, shots and referrals you need to help you stay healthy

What does the wellness visit include?
• A Personalized Prevention Plan with a schedule of screenings and shots you should get over the next 5 to 10 years to help you stay well
• Review of your medical and family history, including your risk for diseases or future health problems
• Check of your blood pressure, weight, height and body-mass index
• Screen for depression as well as your mental and physical well being
• Referral to other professionals for health care if needed

Other tests may be done if your provider thinks these are needed to help you stay healthy.

Is this a physical exam?
No. A Medicare Wellness Visit focuses on a plan to keep you healthy and independent, rather than focusing on health problems you may already have.

A physical exam is a service that includes a complete medical exam with your provider.
A physical is not a Medicare-covered service.

What will the Medicare Wellness Visit cost me?
Medicare will cover the cost of the preventative care services. If you have any other health concerns or questions to discuss with your provider, a medical visit may be added to your wellness visit and you may need to pay a deductible or co-pay depending on your Medicare plan.

What if I have other medical problems I need taken care of?
If you have other medical concerns, your provider will do his or her best to meet your needs. However, it is not the main purpose of the Medicare Wellness Visit to address these.

If you feel you need to be seen for medical concerns, please contact your clinic to schedule a ‘sick visit’ or ‘chronic condition follow-up visit’. These visits may be billed to Medicare, and you may need to pay a deductible or co-pay.

If time allows in the schedule, your provider may be able to add a medical visit to your wellness visit. This portion of the visit may be billed to Medicare and you may need to pay a deductible or co-pay just like a normal office visit. Otherwise, a separate visit may be needed to address these concerns.

What will I need to do to prepare for the visit?
You may be asked to complete some paperwork before your appointment. Bring your current medications to your appointment, as well as names of other providers that are involved in your health care. Arrive on time so that you have time to talk to your provider about your important wellness issues. After all, this visit is all about preventing disease, improving your health and helping you live well.

The information presented is intended for general information and educational purposes. It is not intended to replace the advice of your health care provider. Contact your health care provider if you believe you have a health problem.

AuroraHealthCare.org

X45036 (1/2018) ©AHC
XPE103_Combine as Packet (1/2018)
Senior Health: Making the Most of Your Medicare Coverage

Preventive health screenings can help you stay healthy by finding problems at an early stage before they become severe. Medicare pays for many of these services.* We recommend that you take advantage of the health screenings that are offered for your specific needs. Some of these health screens include:

<table>
<thead>
<tr>
<th>Type of service</th>
<th>What it is and why you may need it</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome to Medicare</td>
<td>A health history and exam with your provider. This includes height, weight and blood pressure check, vision and hearing screening, and other screening services and tests. You may also receive information, counseling, or referrals to help improve or maintain your health.</td>
</tr>
<tr>
<td>Annual wellness exam</td>
<td>This visit is designed to assess your current wellness and identify risk factors for future health problems. This exam includes a health history, your risk for disease or future health problems, weight, blood pressure and body mass index, a screening of your mental and physical well-being, tests and referrals to help improve and maintain your health to help you stay well.</td>
</tr>
<tr>
<td>Screening electrocardiogram</td>
<td>An electrocardiogram (EKG) is a picture of your heartbeat on graph paper. This test can assess heart damage, heart rhythm problems and disease.</td>
</tr>
<tr>
<td>Screening mammogram</td>
<td>An X-ray of your breasts to check for breast cancer in women. It can find cancer at a very early stage long before you may be able to feel a lump. Breast cancer found early can usually be treated with success.</td>
</tr>
<tr>
<td>Screening pelvic and Pap test for women</td>
<td>An exam to check for cervical and vaginal cancers. A Pap test is a lab test in which cells are taken from your cervix and sent to the lab to be studied. When cancer of the cervix is found early, chances for a cure are good.</td>
</tr>
<tr>
<td>Prostate cancer screening for men</td>
<td>Rectal exam by the doctor to check for prostate cancer in men. 80% of all prostate cancers are found in men over age 65. You and your doctor may decide to do a PSA blood test that can detect early prostate cancer. Prostate cancer found while it is still in one small area has a 5-year survival rate of 100%.</td>
</tr>
<tr>
<td>Colon and rectal cancer screening</td>
<td>There are several tests for colon cancer. You and your doctor will discuss what test is the best for you and when to do it.</td>
</tr>
<tr>
<td></td>
<td><strong>Colonoscopy</strong> – exam of the entire colon, seen through a flexible lighted tube</td>
</tr>
<tr>
<td></td>
<td><strong>Fecal occult blood test</strong> – test of a sample of your stool to find any unseen blood</td>
</tr>
<tr>
<td></td>
<td><strong>ColoGuard</strong> – test of a sample of your stool to look for cancer cell DNA</td>
</tr>
<tr>
<td></td>
<td><strong>Flexible sigmoidoscopy</strong> – exam of the sigmoid portion (last third) of the colon and rectum, seen through a flexible lighted tube</td>
</tr>
</tbody>
</table>

*For specific information on how much Medicare covers for each test, you will need to check your Medicare and You book, call 800-MEDICARE (800-633-4227) or go to medicare.gov.
<table>
<thead>
<tr>
<th>Type of service</th>
<th>What it is and why you may need it</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening for abdominal aortic aneurysm (AAA)</td>
<td>An X-ray to detect if you have an abdominal aortic aneurysm (AAA). Annually, 9,000 deaths in the United States are AAA-related. You may have no symptoms; as many as 1 in 3 will rupture if left untreated. Early diagnosis allows for more effective treatment and cure. If you have a family history of AAA or are a male age 65 to 75 who has smoked, you are at higher risk of an AAA. You and your doctor may decide to schedule an ultrasound for an AAA.</td>
</tr>
<tr>
<td>Screening for hepatitis C</td>
<td>A blood test to determine if you have hepatitis C virus. Hepatitis C is an infection that attacks the liver and is a major cause of chronic liver disease.</td>
</tr>
<tr>
<td>Diabetes screening</td>
<td>A test to measure glucose (sugar) levels in your blood called a fasting blood sugar. Fasting means you have not had food or drink for at least 8 hours. This test can detect diabetes long before you may notice symptoms.</td>
</tr>
<tr>
<td>Cardiovascular screening</td>
<td>Blood test to measure cholesterol levels, lipids and triglycerides. High levels increase your risk for heart disease and stroke. High levels can be treated with medications, diet and exercise. By lowering your levels you can help keep your heart and blood vessels healthy.</td>
</tr>
<tr>
<td>Bone mass measurement (DEXA Scan)</td>
<td>A painless X-ray measurement of your bone density to see if you are at risk for a broken bone. Density refers to the amount of bone or how tightly the bone tissue is packed. The area tested depends upon the type of machine used. Your doctor will recommend the type of testing you should have. Medicare Part B will reimburse a DEXA scan every 24 months (more often if medically necessary) when certain risk criteria are met, such as findings that a women is estrogen deficient or at risk for osteoporosis.</td>
</tr>
<tr>
<td>Vision screening and screening for glaucoma</td>
<td>The Snellen test is a common vision test in older adults. This test involves reading lines of black letters at a certain distance from a chart while covering one eye and then the other. Your eye doctor does glaucoma screening by measuring the fluid pressure inside your eyes. This is often done with a puff of air or with a small flat-tipped cone that pushes lightly on your eye.</td>
</tr>
</tbody>
</table>
| Evaluation of vaccination needs                      | **Pneumococcal vaccine** (pneumonia shot). There are 2 different pneumonia vaccines that protect against many types of pneumonia. Medicare will pay for both of these as long as you get them a year apart.  
**Influenza vaccine** (flu shot). You should get the flu shot every year – the best time to get it is in the fall. Complications of flu kill many seniors every season. A flu shot can prevent influenza or make the infection less severe.  
**Hepatitis B vaccine**. Hepatitis B is a virus spread through contact with infected blood or body fluids. Many people with the virus do not have symptoms. The virus can lead to serious problems, such as liver disease. The best approach is to prevent it with the shot. Some people are at higher risk than others. Check with your doctor about whether you should receive the shots. |
| Evaluation of educational needs                      | These can be in the form of one-on-one or group discussions, handouts or other media. These tools will help you learn how to manage your diet, exercise, diabetes control or asthma control, or may help you quit smoking. |
| Mental health screening                              | Mental health screenings can find illnesses that can be treated with medications and counseling to help you make the most of your senior years. Medicare covers a portion of these services.  
These are not the only screenings we recommend you have, just the ones Medicare specifically covers when criteria is met. We urge you to take steps to help prevent illness and stay as healthy as possible in your senior years. Keep a list of when you had your screenings done so you know when you need to have them done again. If you have any questions about these services, or any other health prevention issues, call your doctor’s office or visit.