Medicare Wellness Checkup

Please complete this checklist
before your Wellness Visit.

Name:

Date:

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

❑ No pain.
❑ Very mild pain.
❑ Mild pain.
❑ Moderate pain.
❑ Severe pain.

During the **past four weeks**, was someone available to help you if you needed or wanted help?

(For example, if you felt very nervous, lonely or blue; got sick or 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.

During the past four weeks, what was the hardest physical activity you could do for at least two minutes?

❑ Very heavy.
❑ Heavy.
❑ Moderate.
❑ Moderate pain.
❑ Severe pain.

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.

Can you go shopping for groceries or clothes without someone's help?

❑ Yes. ❑ No.

Can you prepare your own meals?

❑ Yes. ❑ No.

Can you do your own housework without help?

❑ 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 handle you own money without help?

❑ Yes. ❑ No.

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 well.
❑ Good and bad parts about equal.
❑ Pretty bad.
❑ Very bad; could hardly be worse.

Does anyone ever comment or raise concerns about your driving?

❑ Yes, often.
❑ Sometimes.
❑ No.
❑ Not applicable. I do not drive a car.

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

	Never	Seldom	Sometimes	Often	Always
Falling or dizzy when standing up.					
Your physical health limited your social activities with family, friends, neighbors or groups.					
Sexual problems.					
Trouble eating well.					
Teeth or dental problems.					
Problems using the telephone.					
Tiredness or fatigue.					

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

Are you afraid of falling?
❑ Yes. ❑ No.

Do you ever lose your balance or feel dizzy or unsteady?
❑ Yes. ❑ No.

Are you a smoker?
❑ No.
❑ Yes, and I am ready to quit.
❑ Yes, but I'm not ready to quit.

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.

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.

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.

Have you done your Medical Power of Attorney?
❑ Yes. ❑ No.

Have you done your Advance Directive?
❑ Yes. ❑ No.

The Patient Health Questionaire-2 (PHQ-2)

Over the past two weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed or hopeless	0	1	2	3

Overactive Bladder Validated 8-Question Screener

The questions below ask about how bothered you may be by some bladder symptoms. Some people are bothered by bladder symptoms and may not realize that there are treatments available for their symptoms. Please circle the number that best describes how much you have been bothered by each symptom. Add the numbers together for a total score and record the score in the box provided at the bottom.

	How bothered have you been by…	**Not at all**	**A little bit**	**Somewhat**	**Quite a bit**	**A great deal**	**A very great deal**
1	Frequent urination during daytime hours?	0	1	2	3	4	5
2	An uncomfortable urge to urinate?	0	1	2	3	4	5
3	A sudden urge to urinate with little or no warning?	0	1	2	3	4	5
4	Accidental loss of small amounts of urine?	0	1	2	3	4	5
5	Nighttime urination?	0	1	2	3	4	5
6	Waking up at night because you had to urinate?	0	1	2	3	4	5
7	An uncontrollable urge to urinate?	0	1	2	3	4	5
8	Urine loss associated with a strong desire to urinate?	0	1	2	3	4	5
	Are you male? If yes, add 2 points.			2			
	Please add up your responses to the questions above:						

If your score is 8 or greater, you may have overactive bladder. There are effective treatments for this condition.

You may be asked to leave a urine sample. Please ask before going to the bathroom.

FOR MEN ONLY:

What is your

Enlarged Prostate Score?

Use this scorecard of symptoms. Circle one number in each line. Add the 7 circled numbers to get a total score, then talk to your doctor.

Over the past month, how often have you…	**Not at all**	**Less than 1 time in 5**	**Less than half the time**	**About half the time**	**More than half the time**	**Almost always**
had the sensation of not emptying your bladder completely after you finished urinating?	0	1	2	3	4	5
had to urinate again less than two hours after you finished urinating?	0	1	2	3	4	5
stopped and started again several times when you urinated?	0	1	2	3	4	5
found it difficult to postpone urination?	0	1	2	3	4	5
had a weak urinary stream?	0	1	2	3	4	5
had to push or strain to begin urination?	0	1	2	3	4	5
	None	1 Time	2 Times	3 Times	4 Times	5 or more
Over the past month, how many times did you typically get up to urinate from the time you went to bed at night until the time you got up in the morning?	0	1	2	3	4	5
YOUR SCORE:						
Please add up your responses to the questions above:						

❑ 1-7 Mild ❑ 8-19 Moderate ❑ 20-35 Severe

CLOCK DRAWING TASK

In the space below, please draw the face of a clock and put the numbers in the correct positions.

Then, draw in the hands at ten minutes after eleven.