

Medicare's Wellness Questionnaire

Name: _____ DOB: _____ Date: _____

Daily Living	Circle most accurate level of ability
Ability to Use Telephone	<ol style="list-style-type: none"> 1. Use telephone on own initiative; look up and dial numbers 2. Dial a few well known numbers 3. Answer telephone but do not dial 4. Do not use telephone at all
Shopping	<ol style="list-style-type: none"> 1. Take care of all shopping needs independently 2. Shop independently for small purchases 3. Need to be accompanied on any shopping trip 4. Unable to shop
Food Preparation	<ol style="list-style-type: none"> 1. Plan, prepare and serve adequate meals independently 2. Prepare adequate meals if supplied with ingredients 3. Heat and serve prepared meals or do not maintain adequate diet 4. Need to have meal prepared
Housekeeping	<ol style="list-style-type: none"> 1. Maintain house alone or with occasional assistance 2. Perform light daily tasks – dishwashing, bed making 3. Perform light daily tasks but unable to maintain acceptable cleanliness 4. Need help with all home maintenance tasks 5. Do not participate in any housekeeping tasks
Laundry	<ol style="list-style-type: none"> 1. Do all personal laundry 2. Launder small items, hand-washables 3. All laundry done by others
Mode of Transportation	<ol style="list-style-type: none"> 1. Travel independently on public transportation or drive car 2. Arrange own travel via taxi, but do not use public transportation 3. Travel on public transportation when accompanied 4. Limited to taxi or automobile with assistance of another 5. Do not travel at all
Responsibility for Own Meds	<ol style="list-style-type: none"> 1. Responsible for taking medications in correct doses at correct times 2. Responsible for taking medications if prepared in advance in correct doses 3. Not able to manage own medications
Ability to Handle Finances	<ol style="list-style-type: none"> 1. Manage financial matters independently 2. Manage day to day purchases but need help with banking, major purchases 3. Not able to handle money

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Short Portable Cognitive Status	Answer
What is your race?	
How many years of education do you have?	
What is today's date?	
What day of the week is it?	
What is the name of this place?	
What is your phone number?	
What is your street address?	
How old are you?	
When were you born?	
Who is the president of the United States?	
Who was president just before him/her?	
What is your mother's maiden name?	
Subtract 3 from 20 and continue subtracting 3 from each new number until you reach 2	

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Health Risk Assessment	Circle Most Accurate Answer
Physical Activity	1. Good 2. Adequate 3. Lacking
Smoking/Tobacco Use	1. Yes 2. No 3. Former
Alcohol Use	1. Never 2. At risk for dependency 3. Abuser
Nutrition	1. Good 2. Poor 3. Malnourished
Motor Vehicle	1. Practice safe habits 2. Do not practice safe habits
Sun Exposure	1. Use protection 2. Do not use protection
Depression	1. None 2. Occasional 3. Significant
High Stress	1. Never 2. Occasional 3. Significant
General Well-being and Social Support	1. Good 2. Adequate 3. Poor
Daily Aspirin Use	1. Yes 2. No

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Get up and Go Test	Easy	Slightly Difficult	Moderately Difficult	Very Difficult	Unable
Sit up comfortable in a straight-backed chair					
Rise from chair					
Stand still momentarily					
Walk approximately 10 feet					
Turn around					
Walk back to chair					
Turn around again					
Sit down in chair					

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DURABLE MEDICAL EQUIPMENT

Please check if you use any of these:

_____ Oxygen

_____ Hospital Bed

_____ SVN (Nebulizer)

_____ Wheelchair

_____ CPAP/BIPAP/AUTOPAP