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)

- □ Alaskan Native
- □ American Indian
- □ Asian
- □ Black
- □ Native Hawaiian
- □ Pacific Islander
- □ Patient Refused
- □ Unknown
- □ White
- □ Other

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

□ Excellent    □ Good    □ Fair    □ 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? ________________

days 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
Medicare Health Risk Assessment (cont’d)                      Patient Name:_____________________________

**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