



MEDICARE ANNUAL WELLNESS PATIENT SELF EXAMINATION

Name: _____

Date: _____

Date of Birth: _____

1. 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

2. 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 you.)

- Yes, as much as I wanted
- Yes, quite a bit
- Yes, some
- Yes, a little
- No, not at all

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

- Yes
- No

4. Can you prepare your own meals?

- Yes
- No

5. Can you do your housework without help?

- Yes
- No

6. Can you handle your own money?

- Yes
- No

7. Because of health problems, do you need the help of another person with your personal care needs such as eating, bathing, dressing, or walking around the house?

- Yes
- No

8. How often do you have trouble taking your medications the way they have been prescribed?

- I do not have to take medicine
- I always take the medicine as prescribed
- Sometimes I take the medicine as prescribed
- I seldom take the medicine as prescribed

9. 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

10. Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Few of the days	Half of the days	Nearly every day
1. Little interest or pleasure in doing things				
2. Feeling, down, depressed, or hopeless				
3. Trouble falling or staying asleep, or sleeping too much				
4. Feeling tired or having little energy				
5. Poor appetite or overeating				
6. Feeling bad about yourself or that you are a failure or have let your family down				
7. Trouble concentrating on things like reading or watching television				
8. Moving or speaking so slowly that other people could have noticed. Or the opposite- being so fidgety or restless that you have been moving around more than usual.				
9. Thoughts that you would be better off dead, or hurting yourself in some way				

11. During the past four weeks, how would you rate your health in general?

- Excellent Very good Good Fair Poor

12. What concerns do you have about your overall health?
