

Medicare AWW Health Risk Assessment (HRA)

Medicare requires this form be completed by you as part of your annual wellness visit.

Date: _____ **Patient Name:** _____ **DOB:** _____

1. General Health

In general, would you say your health is: ☐ Excellent ☐ Good ☐ Poor

Do you see a dentist/dental hygienist for routine dental care? ☐ Yes ☐ No

How would you describe the condition of your mouth and teeth? ☐ Excellent ☐ Good ☐ Poor

2. Seat Belt Use

Do you always fasten your seat belt when you are in a car? ☐ Yes ☐ No, only _____% of time

3. Physical Activity

Do you exercise? ☐ Yes ☐ No Times per week _____ Type of exercise: _____

4. Nutrition

On a daily basis which of the following do you consume?

☐ Fruits/vegetables ☐ High fiber ☐ High fat/fried ☐ Caffeinated beverages

5. Tobacco/Alcohol Use

Do you use tobacco? ☐ Yes ☐ No How often? _____

Do you drink alcohol? ☐ Yes ☐ No How often? _____

6. Pain

Do you experience pain on a regular basis? ☐ Yes ☐ No

7. Depression/Anxiety

During the past month have you often been bothered any of the following:

Feeling down, depressed or hopeless? ☐ Yes ☐ No

Feeling nervous, anxious, or on edge? ☐ Yes ☐ No

Little interest or pleasure in doing things? ☐ Yes ☐ No

8. Stress

Is stress a problem for you? ☐ Yes ☐ No

If yes, please specify if any of the following impact your level of stress:

☐ Your health ☐ Your finances ☐ Your family or social relationships ☐ Your work

9. Social/Emotional Support

Do you feel you have the social and emotional support you need? ☐ Yes ☐ No

Do you feel you have difficulty getting along socially with family or friends? ☐ Yes ☐ No

10. Activities of Daily Living

In the past week, did you need help from others to perform everyday activities? ☐ Yes ☐ No

If yes, please specify if any of the following apply: ☐ Eating ☐ Grooming ☐ Getting dressed

☐ Bathing ☐ Walking ☐ Using the toilet

11. Instrumental Activities of Daily Living

In the past week, did you need help from others taking care of things? ☐ Yes ☐ No

If yes, please specify if any of the following apply: ☐ Laundry ☐ Shopping

☐ Housekeeping ☐ Banking ☐ Using the telephone ☐ Food preparation ☐ Transportation

☐ Taking your own medications