

623.565.5060 • Phone

623.565.5061 • Fax

CONTACT@NFMAZ.com



**NORTERRA**  
FAMILY MEDICINE

2060 W. Whispering Wind Dr. #173

Phoenix, AZ 85085

NorterraFamilyMedicine.com

## MEDICARE WELLNESS QUESTIONNAIRE

Please complete this checklist before seeing your doctor or nurse. Your responses will help you receive the best health care possible.  
(Use "✓" to indicate your answer)

### **Demographics:**

What is your age?

- 65-69
- 70-79
- 80 or older

How would you best describe your ethnicity?

- American Indian or Alaska Native
- Asian or Asian American
- Black or African American
- Native Hawaiian or Pacific Islander
- Hispanic
- Non- Hispanic White

How would you best describe your marital status?

- Married
- Divorced
- Widowed
- Never Been Married
- Part of an unmarried couple

How would you describe your employment status?

- Employed for wages
- Homemaker
- Out of work
- Retired
- Self Employed
- Unable to work

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How many children do you have?

- None
- One
- Two
- Three
- Four
- More than five

**Risk Assessment:**

Do you currently use tobacco products?

- Yes  No

Have you ever used tobacco products?

- Yes  No

What type of tobacco do you use or have you used?

- Chewing Tobacco
- Cigarettes
- Cigars
- Pipe Tobacco

(If cigarette smoker) How long have you smoked?

- 0 - 5 years
- 6 – 10 years
- 11 – 15 years
- 16 – 20 years
- > 20 years

(If cigarette smoker) How many cigarettes do you smoke per day?

- 10 or fewer
- 11 - 20
- 21 - 30
- 31 or more

How many alcoholic beverages (i.e. 1oz. hard liquor, one glass of wine, one bottle of beer)

Do you drink daily, on average?

- None
- 1 - 2
- 3 - 4
- 5 – 6
- More than 6

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Have you ever felt the need to cut down on drinking?

Yes  No

Have people annoyed you with criticism of your drinking?

Yes  No

Do you or have you felt guilty for drinking?

Yes  No

Have you ever felt the need to drink first thing in the morning to steady your nerves or to get rid of a hangover?

Yes  No

How often do you exercise?

- Never
- Daily
- Often
- Rarely

How vigorously can you exercise?

- Not at all
- Minimally
- Moderately
- Very vigorously

How often do you use seatbelts?

- Never
- Sometimes
- Most of the time
- Always

In the past month, how often have you had sex?

- Never
- Rarely
- Once a week
- Almost daily
- Daily

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Do you have any significant difficulties or dysfunction during sex?

- No, never
- Yes, rarely
- Yes, sometimes
- Yes, frequently
- Yes, all the time

How many partners do you have?

- None
- One
- Two
- Three
- More than three

How often do you experience pain with sex?

- Never
- Sometimes
- Most of the time
- Always

How often do you use condoms during sex?

- Never
- Sometimes
- Most of the time
- Always

**MENTAL HEALTH ASSESSMENT:**

In the past two weeks, how often have you felt depressed, down or hopeless?

- Never
- Rarely
- More than half of the days
- Every day

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In the past month, how often have you felt anxious or stressed?

- Never
- Rarely
- More than half of the days
- Every day

What is your average level of daily stress?

- None
- Low
- Mild
- Moderate
- High

In the past two weeks, how often have you felt a lack of pleasure or interest in doing things?

- Never
- Rarely
- More than half of the days
- Every day

In the past two weeks, how often have you had difficulty falling asleep or episodes of sleeping too long?

- Never
- Rarely
- More than half of the days
- Every day

In the past two weeks, how often have you had a lack of energy?

- Never
- Rarely
- More than half of the days
- Every day

In the past two weeks, how often have you had feelings of being better off dead or thoughts of harming yourself?

- Never
- Rarely
- More than half of the days
- Every day

Have you ever attempted to harm yourself?

- Yes
- No

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**GENERAL HEALTH/ PAIN ASSESSMENT:**

In the past month, how often did you experience pain?

- Never
- Daily
- Frequently
- Most days
- Rarely

In the past month, how much has pain affected your ability to work?

- Not at all
- A little
- To a moderate degree
- To an extreme degree

In the past month, how much has pain affected your ability to walk?

- Not at all
- A little
- To a moderate degree
- To an extreme degree

In the past month, how much has pain affected your relationship with other people?

- Not at all
- A little
- To a moderate degree
- To an extreme degree

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On a scale of 1-10, how bad would you rate your average daily pain?

- No pain
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

How would you describe the ease with which you can prepare your own food?

- Very easy
- Easy
- A little difficult
- Somewhat difficult
- Very difficult
- I can't prepare my own food

How would you describe the ease with which you can bathe or clean yourself?

- Very easy
- Easy
- A little difficult
- Somewhat difficult
- Very difficult
- I can't bathe or clean myself

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How would you describe the ease with which you can dress yourself?

- Very easy
- Easy
- A little difficult
- Somewhat difficult
- Very difficult
- I can't dress myself at all

How hard is it to use the toilet by yourself?

- Very hard
- Somewhat hard
- A little hard
- Not hard at all

How would you describe the ease with which you can do your own shopping?

- Very easy
- Easy
- A little difficult
- Somewhat difficult
- I can't do my own shopping

How would you describe the ease with which you can get around your house?

- Very easy
- Easy
- A little difficult
- Somewhat difficult
- Very difficult
- I can't get around the house at all without assistance

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How would you describe your ability to pay your bills?

- Very good
- Good
- Adequate
- Poor
- Very poor

How would you describe your ability to plan your daily and monthly budgets?

- Very good
- Good
- Adequate
- Poor
- Very poor

How would you describe your ability to do routine housework?

- Very good
- Good
- Adequate
- Poor
- Very poor

**HOME SAFETY/ASSISTANCE:**

Do you feel like you are safe in your current home?

- Yes
- No

How many times have you fallen in your home?

- Never
- Once A few times
- Many times
- All the time

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How much would you need to change your living circumstances to feel safe?

- Not at all
- A little
- Quite a bit
- A significant amount

Do you feel that living somewhere else would be good for you?

- Yes
- No

How much help do you feel you need at home?

- None at all
- A little
- Quite a bit
- Daily assistance

How much does your family help with daily or routine chores?

- Not at all
- A little
- Quite a bit
- A significant amount

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