		Risk Assessment	To reproduce, follow the printing instructions. Fold only on the dotted lines.
Marking Instructi Please use a #2 pencil. ill in the complete oval as shown	ons 🙀	ATIENT'S LAST NAME	PATIENT'S DATE OF BIRTH Month Day Year
BEHAVIORAL RISK FACTOR SMOKING/TOBACCO USE Do you currently smoke cig none	S arettes or use other types of occasional	tobacco? (choose one) O daily	prior use
ALCOHOL USE In a typical week, how man none	y days do you drink alcohol? O occasional	🔿 daily	prior use
ILLICIT DRUG USE	please fold o	on dotted line	— prior use
DIET Are you on a special diet?		◯ yes	◯ no
GENERAL WELL-BEING			
In general, would you say y o excellent	our health is: very good	good	○ fair ○ poor
In general, would you say y	 very good exercise? (choose one) light (like stretching of moderate (like brisk v heavy (like jogging or very heavy (like fast r 	or slow walking) walking) • swimming) • unning or stair climbing)	 ─ fair ─ poor
In general, would you say y excellent EXERCISE	 very good exercise? (choose one) light (like stretching of moderate (like brisk of heavy (like jogging or very heavy (like fast r l am currently not exercise) 	or slow walking) walking) • swimming) • unning or stair climbing)	
In general, would you say y excellent EXERCISE How intense is your typical	 very good exercise? (choose one) light (like stretching of moderate (like brisk w heavy (like jogging or very heavy (like fast r l am currently not exercise) please fold of DRS ten have you been bothered 	or slow walking) walking) • swimming) • unning or stair climbing) ercising on dotted line • by the following problem	
In general, would you say y excellent EXERCISE How intense is your typical PSYCHOSOCIAL RISK FACTO Over the past 2 weeks, how of	 very good exercise? (choose one) light (like stretching of moderate (like brisk wheavy (like fogging or very heavy (like fast response) l am currently not exercise fold of the fast of the several days not at all several days more than half the day nearly every day 	or slow walking) walking) • swimming) • unning or stair climbing) ercising on dotted line • by the following problem	

★ Direction of Feed ★ Medicare Health Risk Assessment Please answer every question

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FUNCTIONAL ABILITY AND LEVEL OF SAFETY

Do you need help from others to perform everyday activities such as:

eating	🔵 yes	🔵 no
getting dressed	🔵 yes	🔵 no
grooming	🔵 yes	🔵 no
bathing	🔵 yes	🔵 no
walking	🔵 yes	🔵 no
using the toilet	🔵 yes	🔵 no

Do you need help from others to take care of such things as:

laundry	🔵 yes	🔵 no
housekeeping	🔵 yes	🔵 no

please fold on dotted line

shopping	🔵 yes	🔵 no
banking	🔵 yes	🔵 no
transportation	🔵 yes	🔵 no
taking medicine	🔵 yes	🔵 no
preparing meals	🔵 yes	🔵 no
using the telephone	🔵 yes	🔵 no

HOME SAFETY

Do you live alone?	🔵 yes	🔵 no
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Does your home have any of the following?

throw rugs	🔵 yes	🔵 no
poor lighting	🔵 yes	🔵 no
slippery bathtub or shower	🔵 yes	🔵 no
		<u> </u>

Does your home LACK any of the following?

grab bars in bathrooms	🔵 yes	🔵 no
handrails on stairs or steps	🔵 yes	🔵 no
functioning smoke alarms	🔵 yes	🔵 no

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FALL RISK		
Have you had 2 or more falls in the past year?	🔵 yes	🔵 no
Any fall with injury in the past year?	🔿 yes	🔿 no
Are you worried about falling or feel unsteady when standing or walking?	🔘 yes	🔿 no
HEARING LOSS SCREENING		
Do you have trouble hearing the television or radio when others do not?	🔵 yes	🔵 no
Do you have to strain or struggle to hear/understand conversations?	🔿 yes	🔿 no
ADVANCED CARE PLANNING		
Do you have an Advance Directive (Living Will)?	🔘 yes	🔵 no

----- please fold on dotted line