Medicare Health Risk Assessment (HRA)
For Annual Wellness Visits

FIRST PHYSICIANS GROUP
of Sarasota Memorial Health Care System

Patient Name _____ **Today's Date** _____

Race /Ethnicity_____ **Sex** _____ **Date of Birth** _____

PHYSICAL ACTIVITY/ EXERCISE

How many days a week do you usually exercise?

_____ days per week _____ amount of time spent exercising

How intense is your typical exercise?

□ Light (stretching or slow walking) □ Moderate (brisk walking) □ Heavy (jogging or swimming)

□ Very heavy (running or stair climbing) □ I am currently not exercising

SMOKING STATUS

Do you currently smoke cigarettes or use other types of tobacco?

□ Current smoker □ Former smoker □ Never a smoker

ALCOHOL USE

In a typical week, how often do you have 1 or more alcoholic drinks on one occasion?

□ No alcohol use

□ Social drinker

□ Moderate (Men: 2 per day or less; Women: 1 per day or less)

□ Alcohol use (3 or more per day)

NUTRITION Do you eat fiber, fruits and vegetables? □ Yes □ No

ORAL HEALTH Do you see a dentist yearly? □ Yes □ No

HEARING

Do you have difficulty hearing when someone speaks in a whisper? □ Yes □ No

Do you have hearing problems when in a crowd? □ Yes □ No

Does a hearing problem cause you to argue with family members? □ Yes □ No

SLEEP How many hours of sleep do you get each night? _____

ACTIVITIES OF DAILY LIVING

Do you feel that you need assistance with dressing, feeding or bathing? □ Yes □ No

Do you have feelings of unsteadiness including balance? □ Yes □ No

Over the past year I have :

____ Not experienced a fall _____ Had one fall with injury ____Had two or more falls

Do you need assistance with shopping, food preparation, housekeeping, laundry or transportation? □ Yes □ No

Do you need help with your medications? □ Yes □ No

Do you need assistance with handling financial affairs? □ Yes □ No

MOTOR VEHICLE SAFETY

Do you wear a seatbelt every time you are in an automobile? □ Yes □ No

SUN EXPOSURE When outdoors, do you wear sunscreen? □ Yes □ No

HOME SAFETY Do you have working smoke and fire detectors in your home □ Yes □ No

HIGH STRESS

How well do you handle the stress in your life?

□ I'm usually able to cope effectively

□ At times I have problems coping

□ I often have problems coping

How often is stress a problem for you? □ Never/Rarely □ Sometimes □ Often □ Always

GENERAL WELL-BEING

In general, would you say your health is? □ Excellent □ Very good □ Good □ Fair □ Poor

DEPRESSION

Over the past 2 weeks how often, have you experienced loss of pleasure from your usual activities?

□ Not at all □ Several days □ More than half the days □ Nearly every day

Over the past 2 weeks how often, have you been bothered by feelings of sadness, depression or helplessness?

□ Not at all □ Several days □ More than half the days □ Nearly every day

Have your feelings caused you distress or interfered with your ability to interact socially with friends?

□ Yes □ No

Generally, how satisfied are you with your life?

□ Very satisfied □ Satisfied □ Dissatisfied □ Very dissatisfied

SOCIAL/EMOTIONAL SUPPORT

How often do you get the social and emotional support you need:

□ Always □ Usually □ Sometimes □ Rarely □ Never