

Annual Preventative Questions

Diet and Nutrition

- diet is high in salt
- diet is high in fat, low in fiber
- high caloric intake
- high carbohydrate meals
- low calcium intake

Fracture Risk

- history of fractures
- recent explained fracture
- sudden unexplained fractures
- previous musculoskeletal injuries

Physical Activity

- exercises on a regular basis
- physical activity recent increase decreased
- physical condition good poor
- deconditioned due to sedentary lifestyle

Sleep

- trouble sleeping
- snore
- insomnia
- takes excessive naps through out the day (more than 30 minutes)

Patient Rated Health Status (pick one)

- poor
- fair
- good
- very good
- excellent

Depression Risk

- feels sad, empty, or tearful
- loss of interest in activities
- significant changes in weight
- sleep disturbances or insomnia
- agitated
- loss of energy
- feelings of worthlessness or guilt
- thoughts of suicide
- history of mood disorders
- history of depression

Orientation

- disorientation to time
- disorientation to date
- disorientation to place

Concentration and Memory

- decreased concentrating ability
- memory lapses or loss
- forgetting words

Speech/Motor difficulties

- speech difficulties
- difficulty expressing formulated concepts
- difficulty with fine manipulative tasks
- difficulty writing/copying
- slowed reaction time
- knocking things over when trying to pick them up

Stress

- under stress:
- type/source of stress: _____
- support system
- stress level: low medium high

Hearing

- wears hearing aids
- loss of hearing right ear left ear
- fluctuating
- getting progressively worse
- difficulty hearing over background noise
- requires TV, radio at high volume
- tone deafness

Vision

- total vision loss
- worsening
- briefly vision loss
- worse with distance
- worse near
- seeing double images with fatigue
- blind spot(s)
- sudden partial vision loss
- slow partial vision loss
- increased sensitivity to glare
- difficulty seeing in bright light
- worsening depth perception
- blurred vision

Activities of Daily Living

- able to bathe with limited or no assistance
- able to control urination and bowels
- able to dress with limited or no assistance
- able to feed self with limited or no assistance
- able to get out of chair or bed with limited or no assistance
- able to groom with limited or no assistance
- able to toilet with limited or no assistance

Instrumental Activities of Daily Living

- able to do housework with limited or no assistance
- able to grocery shop with limited or no assistance
- able to manage medications with limited or no assistance
- able to manage money with limited or no assistance
- able to prepare meals with limited or no assistance
- able to use the phone with limited or no assistance

Falls Risk Assessment

- fall(s) since last visit
- frequent falls while walking
- fall(s) in the past year
- dizziness/vertigo
- fear of falling
- injury with fall

Home Safety

- number of motor vehicle accidents: _____
- unsafe stairs
- unsafe flooring hazards
- unsafe gas appliances
- no smoke/CO detectors
- does not wear protective head gear for biking/high velocity
- does not use seatbelts
- not practicing 'safer sex'
- vision or hearing loss while driving
- fire arms
- does not have hand bars in the bathroom/shower
- poor lighting in the home

Additional Lifestyle Factors:

- tobacco use
- alcohol: no intake stopped drinking
- misuse drinks mild-moderate
- intimate partner violence
- high risk sexual behavior

Screening Exams:

- Last colonoscopy/Cologuard/Stool FIT test _____
- Last mammogram _____
- Last DEXA scan _____