Healthy Living Primary Care

ANNUAL WELLNESS QUESTIONNAIRE

ACTIVITIES OF DAILY LIVING:

1. Are you having any trouble with your vision .... ☐ Yes ☐ No
2. Do you feel your judgement is adequate to safely complete daily activities .... ☐ Yes ☐ No
3. Do you feel your memory is adequate to safely complete daily activities .... ☐ Yes ☐ No
4. Are you able to express your needs .... ☐ Yes ☐ No
5. What hand is your dominant hand? .... ☐ Right ☐ Left
6. Are you able to get dressed by yourself .... ☐ Yes ☐ No
7. Are you able to groom yourself .... ☐ Yes ☐ No
8. Are you able to feed yourself .... ☐ Yes ☐ No
9. Are you able to bathe or shower yourself .... ☐ Yes ☐ No
10. Are you able to get to the toilet by yourself .... ☐ Yes ☐ No
11. Are you able to get from the bed to a chair by yourself .... ☐ Yes ☐ No
12. Are you able to walk across the room (includes using cane/walker) by yourself .... ☐ Yes ☐ No
13. Do you have any weakness in your arms, hands or legs:

    ☐ if Yes, specify____ ☐ No
14. How is your hearing? ☐ Functional ☐ Difficult with noise ☐ deaf ☐ wearing hearing aids now

    ☐ has Cochlear implant ☐ unable to assess

ASSISTIVE DEVICES:

1. Do you need any assistive devices? ☐ No ☐ Walker ☐ Cane ☐ Wheelchair ☐ crutches ☐ brace

   ☐ other: __________________________________

BALANCE/FALL RISK:

1. Have you fallen in the past? .... ☐ Yes ☐ No
2. Do you need assistance to move around? ☐ No ☐ bedrest or bedbound

   ☐ crutches/walker/cane ☐ Furniture
3. Are you confined to a bed or wheelchair? .... ☐ Yes ☐ No
4. Do you feel you are weak or impaired when walking? .... ☐ No ☐ bedrest or wheelchair bound

   ☐ weak ☐ impaired

ADVANCE DIRECTIVE:

1. Do you have an Advance Health Care Directive? ☐ Yes ☐ No

   If so, what is your wish? ☐ I want life support ☐ I do not want life support ☐ I cannot decide

PAIN ASSESSMENT:

1. How often have you had pain during the past three months?

☐ Not at all ☐ Some Days ☐ Most Days ☐ Every Day

Patient's Name: ________________________________ Date of birth: ___________________________________

Today's Date: ___________________________________