Member Name _____

DOB _____ Member ID _____

Please indicate where you go to receive care from your primary care provider:

☐ Bryan Health ☐ OneHealth Nebraska ☐ Mary Lanning Healthcare

☐ Other Healthcare Provider ☐ No Primary Care Provider

my Advocate
MEDICARE ADVANTAGE

Medicare Advantage Health Assessment

1. How would you rate your overall health?
   ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

2. How would you rate your physical health?
   ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

3. What conditions have you had in the past or are currently receiving treatment for?

☐ Anxiety	☐ Asthma	☐ Bipolar Disorder
☐ Cancer	☐ COPD/Emphysema	☐ Dementia
☐ Depression	☐ Diabetes	☐ Hearing Problems
☐ Heart Disease	☐ Heart Failure	☐ High Blood Pressure
☐ Transplant	☐ Renal/Kidney Failure	☐ Schizophrenia
☐ Stroke	☐ Vision Problems	☐ None

4. Have you stayed in the hospital more than three times in the last year?
   ☐ Yes ☐ No

5. In the past six months, how many times did you visit the emergency room?
   ☐ None ☐ 1 ☐ 2 ☐ 3 ☐ 4 or more

6. Do you take six or more medications?
   ☐ Yes ☐ No

7. How would you rate your pain on average? _____
   0-10 scale with 0=No pain and 10=Worst pain imaginable

8. How would you describe your dental health?
   ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Have Dentures

9. How is your hearing?
   ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Have Hearing Aids

10. How is your vision?
    ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Have Glasses
    ☐ Blind/Legally Blind

11. How often do you get as much sleep as you want?
    ☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

12. In the past month, how would you rate your sleep?
    ☐ Very Good ☐ Good ☐ Poor ☐ Very Bad

13 In the past six months, have you experienced leaking of urine? ☐ Yes ☐ No

If yes, have you spoken with your health care provider about leaking of urine?
☐ Yes ☐ No

14 Do you need help with any of the following?

Bathing	☐ No	☐ Yes, need help or equipment
Dressing	☐ No	☐ Yes, need help or equipment
Using the bathroom	☐ No	☐ Yes, need help or equipment
Getting in and out of a chair or bed	☐ No	☐ Yes, need help or equipment
Eating	☐ No	☐ Yes, need help or equipment
Taking your medicine	☐ No	☐ Yes, need help or equipment
Transportation	☐ No	☐ Yes, need help or equipment
Walking	☐ No	☐ Yes, need help or equipment
Using the telephone	☐ No	☐ Yes, need help or equipment
Household tasks (cooking, laundry, chores)	☐ No	☐ Yes, need help or equipment
Running errands or grocery shopping	☐ No	☐ Yes, need help or equipment
Managing your money (paying bills, bank accounts)	☐ No	☐ Yes, need help or equipment

15 For the activities above, do you get the help you need?
☐ I get all the help I need ☐ I could use more help ☐ I need more help ☐ I don't need any help

16 Do you have stairs or steps in your home? ☐ Yes ☐ No

17 In the past six months, have you fallen to the ground without being pushed? ☐ Yes ☐ No

18 How often do you feel unsteady when walking or have concerns with balance?
☐ Never ☐ Occasionally ☐ Daily ☐ All the time

19 How often do you feel fatigued?
☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

20 Have you lost weight without trying in the last three months? ☐ Yes ☐ No

21 Have you eaten less than normal over the past three months? ☐ Yes ☐ No

If yes, is this because of no appetite or chewing/swallowing difficulties? ☐ Yes ☐ No

22 How often do you exercise for at least 20–30 mins at least five days a week?
☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

23 How often do you eat at least five servings of fruits and vegetables per day? (one serving is one-half cup)
☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

24 How often do you eat foods high in fat such as whole milk, fried food, fatty meats?
☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

25 How often do you eat foods high in fiber (i.e., whole grain bread and cereal, beans)?
☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

26 Do you currently smoke or use tobacco products (cigarettes, cigars, chew, vaping)?
☐ Yes ☐ No

27 How often did you have a drink containing alcohol in the last year?
☐ Never ☐ Monthly or less ☐ 2-4 times/month ☐ 2-3 times/week ☐ 4 or more times/week

28 If you do drink alcohol, how many drinks containing alcohol did you have on a typical day when you were drinking in the past year?
☐ 1–2 ☐ 3–4 ☐ 5–6 ☐ 7–9 ☐ 10+ ☐ I do not drink alcohol

29 Do you ever think about quitting or changing how much you drink? ☐ Yes ☐ No

30 In the last two weeks, how often have you:

Felt nervous, anxious or on edge? ☐ Not at all ☐ Several Days ☐ More Than Half the Days ☐ Nearly Every Day
Not been able to stop or control worrying? ☐ Not at all ☐ Several Days ☐ More Than Half the Days ☐ Nearly Every Day
Had little interest or pleasure in doing things? ☐ Not at all ☐ Several Days ☐ More Than Half the Days ☐ Nearly Every Day
Felt down, depressed or hopeless? ☐ Not at all ☐ Several Days ☐ More Than Half the Days ☐ Nearly Every Day

31 What best describes your current living situation?
☐ Live Alone ☐ Live with Family/Spouse
☐ Live with a Non-Relative ☐ Live in an assisted living facility

32 How often do you feel alone or isolated from others?
☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

33 How satisfied are you with your social activities and relationships?
☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

34 How often do you feel angry?
☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

35 How often do you feel stressed?
☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

36 Do you find you have to choose between buying groceries, medicine or paying bills? ☐ Yes ☐ No

37 What was the highest grade or level of school you completed?

- ☐ Eighth grade or less
- ☐ Some high school, did not graduate
- ☐ High school graduate/GED
- ☐ Some college or two-year degree
- ☐ Four-year college graduate (B.A., B.S.)
- ☐ More than four-year degree

38 What is your current marital status?

- ☐ Married
- ☐ In serious or committed relationship, not married
- ☐ Divorced
- ☐ Separated
- ☐ Widowed
- ☐ Single

39 What is your primary language?

☐ English ☐ Spanish ☐ Other _____

Please return to:
MyAdvocate Attn: Care Management, PO BOX 8000 Marshfield, WI 54449-8000

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