KAISER PERMANENTE®

Well-Care Questionnaire
for adults on Medicare or age 65+

If you have NOT completed the online Health Profile in the past 6 months, please answer the following questions. Kaiser Permanente values your privacy and will keep your answers confidential. If you don't want to answer a question, feel free to leave it blank.

Name:

Others living in your home (name, age, and relationship):	**Flow Staff** Enter using dot phrase .wq65Plus
Please list current providers regularly involved in your medical care.	
Do you use medical equipment or prescribed supplies at home? For example oxygen, CPAP machine, wheelchair, walker, cane, incontinence supplies, ostomy supplies and others. ☐ Yes ☐ No If YES, please list equipment and supplies: Name of supplier or suppliers: ☐Kaiser Permanente ☐Apria ☐Care Medical ☐Other_____	
Do you have a signed Living Will? ☐ Yes ☐ **No** ☐ **Don't know** Do you have an up-to-date Durable Power of Attorney for health care? ☐ Yes ☐ **No** ☐ **Don't know**	If documents are presented, send for scanning to Advance Directives Registry.
How would you describe your general health? ☐ Excellent ☐ Very Good ☐ Good ☐ **Fair** ☐ **Poor**	
On average, how many days per week do you do moderate to strenuous exercise, like gardening or going for a brisk walk? ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ Don't know On average, how many minutes do you exercise at this level each day? _____	
Do you eat fruits and vegetables every day? ☐ Yes ☐ **No** Do you eat 2 or more meals every day? ☐ Yes ☐ **No**	
How would you describe the condition of your mouth and teeth, including false teeth or dentures? ☐ Excellent ☐ Very Good ☐ Good ☐ **Fair** ☐ **Poor**	
Do you always fasten your seat belt when you're in a car? ☐ Yes ☐ No ☐ I don't ride in a car	
Do you have working smoke detectors on all floors of your home? ☐ Yes ☐ **No** Are all the stairs at home well lit and do they have handrails? ☐ Yes ☐ **No** ☐ Doesn't apply to me	
During the past year, have you had any major changes in your life, good or bad? ☐ **Yes** ☐ No If **YES**, please explain:	
How often is stress a problem for you in handling such things as your health, finances, family or social relationships, or work? ☐ Never ☐ Rarely ☐ Sometimes ☐ **Often** ☐ **Always**	

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Over the last 2 weeks, how often have you been bothered by the following problems?

Feeling anxious, nervous, or on edge?

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

Not being able to control or stop worrying?

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

Over the last 12 months, how often have you felt angry?

☐ Never ☐ Rarely ☐ Sometimes ☐ **Often** ☐ **Always**

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

☐ Always ☐ Often ☐ Sometimes ☐ **Rarely** ☐ **Never**

Have you ever used tobacco (smoke, chew, or e-cigarettes) or other vapor product? ☐ **Yes** ☐ No

If YES: Complete Tobacco History section in Epic

FOR MEN ONLY:

If **YES**, have you smoked 100 cigarettes or more in your lifetime? ☐ **Yes** ☐ No

If YES to 100 cigarettes: AAA screening for men age 65-75 if clinically appropriate

Have you had sex with a man, a woman, or both?

☐ Man ☐ Woman ☐ Both ☐ Never had sex ☐ Prefer not to answer

Are any current sexual partners known to be HIV positive? ☐ **Yes** ☐ No

Have you had sex with a new partner or partners in the last year?

☐ Yes ☐ No ☐ Prefer not to answer

If **YES**, did you use condoms? ☐ Always ☐ **Sometimes** ☐ **Never**

Have you fallen 2 or more times in the past 12 months? ☐ **Yes** ☐ No

Are you here today because of a fall? ☐ **Yes** ☐ No

Do you have any problems with walking or balance? ☐ **Yes** ☐ No

Do you often ask people to repeat what they've said?
Or do you act as if you did hear so you don't have to ask for repeats? ☐ **Yes** ☐ No

Do you or does anyone in your family notice that you are having memory problems that interfere with your life? ☐ **Yes** ☐ No

Is urination or leaking urine causing any problems with your daily activities or sleep? ☐ **Yes** ☐ No

How many days a week does pain or fatigue keep you from doing things you like to do?

☐ 0 ☐ 1-2 days each week ☐ **3-4 days each week** ☐ **5 or more days each week**

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Do you need help with any of the following?

Preparing meals	☐ **Yes**	☐ No	Managing money	☐ **Yes**	☐ No
Taking medicine	☐ **Yes**	☐ No	Transportation	☐ **Yes**	☐ No
Doing housework	☐ **Yes**	☐ No	Making and keeping appointments		
Shopping for food	☐ **Yes**	☐ No		☐ **Yes**	☐ No

Do you need help with any of these?

Dressing	☐ **Yes**	☐ No	Using the toilet	☐ **Yes**	☐ No
Getting in and out of chairs	☐ **Yes**	☐ No	Eating	☐ **Yes**	☐ No
Bathing	☐ **Yes**	☐ No	Walking	☐ **Yes**	☐ No

Medical and Surgical History

Please list any major illnesses, injuries, or conditions that were treated outside Kaiser Permanente that you haven't told us about in the past. ☐ None

Please list any major surgeries performed outside Kaiser Permanente that you haven't told us about in the past. List each one and the approximate year. ☐ None

Provider or RN
Enter major illnesses, injuries, or conditions into PMH section or Problem List in Epic as appropriate. Enter major surgeries into PSH section in Epic.

Personal and Family History (those related to you by blood)

FOR MEN ONLY:
Do you have a parent, brother, or sister who had an abdominal aortic aneurysm?
☐ **Yes** ☐ No ☐ Don't know

If YES: AAA screening for men age 65-75 if clinically appropriate

Do you have a personal or family history of breast cancer? ☐ Yes ☐ No ☐ Don't know
If YES, please describe (ie: you, which family member):

If YES, give risk-assessment (Bellcross) or use dot Phrase .avsbellcross.

Did any of the following family members develop heart disease? Check all that apply.
☐ **Before age 55**: father, brother, or son ☐ None before age 55 ☐ Don't know
☐ **Before age 60:** mother, sister, or daughter ☐ None before age 60 ☐ Don't know

Have you ever had Crohn's disease, ulcerative colitis, colon polyps, or colon cancer?
☐ **Yes** ☐ No

If YES: Consult GI.

Have you had a mother, father, sister, brother, daughter, or son diagnosed with the following?
Colon cancer: ☐ No ☐ **Yes – at what age:**_____ ☐ Don't know
Colon polyps: ☐ No ☐ **Yes – at what age:**_____ ☐ Don't know
Have you had a grandparent, aunt, uncle, niece, or nephew diagnosed with the following?
Colon cancer: ☐ No ☐ **Yes – at what age:**_____ ☐ Don't know
If YES to either question above, please circle the relative(s) with the condition.

If YES to family history: See Colorectal Cancer Screening Guideline for screening recommendations.

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Do you have a personal or family history of ovarian cancer? ☐ **Yes** ☐ No ☐ Don't know If YES, please describe (ie you, which family member):	If YES, give risk-assessment (Bellcross) or use dot Phrase .avsbellcross.

Depression, alcohol, and drug use

Over the last 2 weeks, how often have you been bothered by little or no interest or pleasure in doing things?

☐ Not at all [0] ☐ Several days [1] ☐ More than half the days **[2]** ☐ Nearly every day **[3]**

Over the last 2 weeks, how often have you been bothered by feeling down, depressed, or hopeless?

☐ Not at all [0] ☐ Several days [1] ☐ More than half the days **[2]** ☐ Nearly every day **[3]**

How often did you have one drink containing alcohol in the last year?

☐ Never [0] ☐ Monthly or less [1] ☐ 2 to 4 times a month [2]
☐ 2 to 3 times a week [3] ☐ 4 or more times a week [4]

How many drinks containing alcohol did you have on a typical day when you were drinking in the last year?

☐ I don't drink alcohol [0] ☐ 1 or 2 [0] ☐ 3 or 4 [1] ☐ 5 or 6 [2]
☐ 7 to 9 [3] ☐ 10 or more [4]

How often did you have 6 drinks or more on one occasion in the last year?

☐ Never [0] ☐ Less than monthly [1] ☐ Monthly [2] ☐ Weekly [3]
☐ Daily or almost daily [4]

How often have you used marijuana in the last year?

☐ Never [0] ☐ Less than monthly [1] ☐ Monthly [2] ☐ Weekly [3]
☐ Daily or almost daily [4]

How often have you used recreational drugs (such as heroin, cocaine, or methamphetamine) or used a prescription medicine (such as oxycodone, hydrocodone, or methadone) for non-medical reasons in the last year?

☐ Never [0] ☐ Less than monthly [1] ☐ Monthly [2] ☐ Weekly [3]
☐ Daily or almost daily [4]

Pre-BHI implementation

- Document BH responses in WV SmartSet.
- Complete PHQ9, alcohol, and substance use assessments as needed

Post-BHI implementation

- Document BH responses on BHI Screening Flowsheet