

Name: Joe Sample
Gender: Male Age: 80+

ID: 1044172
Date: 5/15/2003 2:41:57 PM



Web Quiz v3.0
Last reviewed 11/2002

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Thank you for completing the *Improve Your Medical Care* questionnaire.

Taking this letter to your doctor will help to improve the medical care you receive.

From reading your responses to this questionnaire, we learned that you feel your overall health to be very good.

In reporting your quality of life, you indicated things have been going pretty good.

You are having difficulty:

- ✍ travelling alone
- ✍ shopping
- ✍ preparing your own meals
- ✍ handling your own money
- ✍ buying essentials
- ✍ driving

You manage your 'aging' problems by the use of:

- ✍ braces(s) or prosthesis
- ✍ a hearing aid

In the last four weeks, you have seen:

- ✍ Your own or another doctor

When you completed the *Improve Your Medical Care* questionnaire, you may have had the following risks to your health:

- ✍ You are a smoker
- ✍ You drink more than 6 alcoholic drinks per week
- ✍ You do not have any money for essentials
- ✍ You have difficulty driving
- ✍ You are unclear about advance directive
- ✍ You have not written down your advance directive
- ✍ You have not had a Pneumovax
- ✍ You have not had a Flu Shot
- ✍ You have not been told about Home Hazards
- ✍ You have not been given a method to keep track of your medications
- ✍ You are spending \$25 or more each month on medication

Based on your responses to the **HowsYourHealth.com** questionnaire, we recommend that you read the following sections of the **Improve Your Health** or **How's Your Health** booklet:

- ✍ [Exercise and Eating Well](#)
- ✍ [Health Habits and Health Decisions](#)
- ✍ [Advance Care Planning](#)
- ✍ [Daily Activities and Managing Limitations](#)
- ✍ [Common Medical Concerns](#)

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ACTION FORM

ASSETS			
FUNCTION	HABITS	KNOWLEDGE	PREVENTION
BMI: 15.4	Overall Health - Very Good		
NEEDS			
CLINICIAN ASSESSMENTS	REFERRALS/ACTIONS	SUGGESTED READINGS/EDUCATION	
FUNCTION Unable to travel Unable to shop Unable to prepare meals Unable to do housework Unable to handle money SYMPTOMS/BOTHERS DEVICES USED Brace/prosthesis Hearing aid HABITS Smoker More than 6 drinks PREVENTION No Pneumovax No flu shot No tetanus shot No info on hazards No info on medications No written advanced directive Difficulty driving Lacks money for essentials OTHER		≠ Exercise and Eating Well ≠ Health Habits and Health Decisions ≠ Advance Care Planning ≠ Daily Activities and Managing Limitations ≠ Feelings and Emotional Care ≠ Common Medical Concerns	
		RISK-RELATED CONSIDERATIONS	
		More than 3 meds, or f/p health, or more than 3 activity limits Very good or excellent health and no other risks	
<i>Italics = Clinician Unaware</i>			

Advanced Directive - yes, on file
Learning Preferences - language assistance desired

Provider: _____ Date: _____ Signature: _____

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Condition Management Form

Persons who have conditions or diseases like yours can GREATLY improve their health and their medical care by three simple steps.

1. Learning about how the care you have been getting might be made better.
2. Learning if there things you should be aware of.
3. Keeping track of your condition by writing down a few measures from week to week.

You have the following disease(s) or condition(s):

⚡ High Blood Pressure

High blood pressure issues:

- ⚡ You have not received good education about:
 - ⚡ What to do if you miss a dose of your medicine
 - ⚡ The effect of weight and salt on our blood pressure
 - ⚡ The problems blood medications might cause you

Things you should be aware of:

- ⚡ your blood pressure should be no higher than 150/90, even for those 70 years of age or older
- ⚡ avoid high salt.

These are general hints for management. Some are in medical language.
You may want to talk about what is written on this sheet with a doctor or nurse when you show them your "Action Form". On the next page you will find a way to keep track of your condition by writing down a few measures from week to week.

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What You Check

Your Name _____

Date
5/15/2003 2:41:57 PM _____

Weight
100-120 _____

Blood Pressure
100-120/60-70 _____

Cholesterol
101-130 _____

What You Notice*

*List what bothers you or what you have been told to watch here.
Write 1 for great, 2 for "ok", 3 for not so good, 4 for bad, 5 for horrible.