



MEDICARE QUESTIONNAIRE

Medicare Beneficiaries Over 65

1. Are you currently working full or part-time? Yes _____ No _____
2. Are you married? Yes _____ No _____
3. Is your spouse working full or part-time? Yes _____ No _____
4. If yes, how many employees does your employer or your spouse's employer have? Yes _____ No _____
5. Are you covered under an employer group health plan based on your current employment, or current employment of a spouse? Yes _____ No _____
6. Are you entitled to Black Lung Medical Benefits? (i.e. As a result of working in a coal mine.) Yes _____ No _____
7. Was this service for the treatment of a work-related injury? Yes _____ No _____
8. Was this service for the treatment of an illness or injury which resulted from an auto/other accident? Yes _____ No _____
9. Are the services to be paid by a government program such as a research grant? Yes _____ No _____
10. Has the department of Veterans Affairs (DVA) authorized and agreed to pay for care at this facility? Yes _____ No _____

SCREENING FOR FUTURE FALL RISK

Medicare defines a fall as a sudden, unintentional change in position causing you to land at a lower level, on an object, the floor or the ground, other than as a consequence of a sudden onset of paralysis, epileptic seizure or overwhelming external force.

1. Have you had two or more falls in the past year? Yes _____ No _____
2. Have you had any fall resulting in injury in the past year? Yes _____ No _____