

### Overview of the Components of the AWV

Service/Assessment	Initial AWV	Annual AWV	Description	Tools to utilize
Health Risk Assessment (HRA)	X	X (update)	Self-reported information on the following topics: <ul style="list-style-type: none"> <li>• Self-assessment of health status</li> <li>• Psychosocial and behavioral risks</li> <li>• ADLs and Instrumental ADLs</li> <li>• Health behaviors: smoking, alcohol, diet, exercise, sleep</li> </ul>	Section 2: Sample HRA (35 questions)
Medical/Family History	X	X (update)	<ul style="list-style-type: none"> <li>• PMHSx, hospitalizations, injuries, meds (including supplements and OTCs), allergies,</li> <li>• Family Hx (hereditary illnesses)</li> </ul>	None
Screen for depression and mood disorders	X	If at risk	Use appropriate screening tool designed for this purpose	Section 3: PHQ-2/9, GDS-5 or WEMWBS
Review functional ability and level of safety	X	X	Through direct observation or appropriate screening assess for: <ul style="list-style-type: none"> <li>• Hearing impairment</li> <li>• Ability to perform ADLs</li> <li>• Fall risk</li> <li>• Home safety</li> <li>• Vision (ask about any issues and last vision check)</li> </ul>	Section 2: <ul style="list-style-type: none"> <li>• Stay Independent (self-report fall risk questionnaire – 12 questions)</li> <li>• Home Safety Checklist</li> </ul> Section 3: Timed Up and Go test (measure of functional mobility)
Measurements	X	X	Height, weight, BMI or waist circumference, BP, others as indicated	Section 3: BMI table
List of medical providers and suppliers	X	X (update)	Persons/entities involved in medical care of patient	None
Assess for cognitive impairment	X	X	Assess through direct observation, patient reports, and concerns raised by family members, caretakers and others	Section 3: Mini-Cog™
Screening schedule	X	X (update)	Schedule of preventive services needed for patient, based on age, screening history, USPSTF/ACIP recommendations and coverage by Medicare; develop personalized screening plan	Section 4: Table of Preventive Services (with indication and frequency), male and female preventive plans
List of conditions/risk factors for which 1°, 2° or 3° interventions recommended	X	X (update)	List of conditions and treatment options with associated risks/benefits	None
Personalized health advice and referrals as appropriate	X	X	Recommendations for improved health and referrals, if indicated, for lifestyle interventions, weight loss, physical activity, tobacco cessation, fall prevention, nutrition, mental health services, others	Section 4: Preventive Wellness Plans Section 5: Resources/referrals Section 6: Educational materials