

Take Care Health Systems PESQ part 2

Attach to front of PESQ

Year One

Name: _____ Date: _____ Member no. _____

- Overall, how would you rate your health in the past 4 weeks?
 - Excellent
 - Very Good
 - Good
 - Fair
 - Poor
- Compared to one year ago, how would you rate your general health now?
 - Much better now
 - Somewhat better now
 - About the same
 - Somewhat worse
 - Much worse now

For Staff Use Only:

RHR: _____

BP: _____ / _____ L R

Ht: _____ ft. _____ in. Wt: _____ lbs.

BMI: _____ Waist Circ: _____ in.

F _____ I _____ T _____

Chg. Stage: _____

Staff Notes:

Staff Initials: _____

Take Care Health Systems PESQ part 2

Attach to front of PESQ

Annual renewal after year one.

Name: _____ Date: _____ Member no. _____

- Overall, how would you rate your health in the past 4 weeks?
 - Excellent
 - Very Good
 - Good
 - Fair
 - Poor
- Compared to one year ago, how would you rate your general health now?
 - Much better now
 - Somewhat better now
 - About the same
 - Somewhat worse
 - Much worse now

For Staff Use Only:

RHR: _____

BP: _____ / _____ L R

Ht: _____ ft. _____ in. Wt: _____ lbs.

BMI: _____ Waist Circ: _____ in.

F _____ I _____ T _____

Chg. Stage: _____

Staff Notes:

Significant changes noted by member since last PESQ:

Staff Initials: _____

I attest that I have (as of the most currently dated initials throughout and signature below) revised and updated my PESQ and that the information is true to the best of my knowledge. I understand that I will be asked to update this information annually or any time a significant change occurs in my health status.

Signature: _____ Date: ___/___/___ Witness: _____ Date: ___/___/___

