

PHS 2016 BMI + History Taking Questionnaire [English (United States)]




Participant's Identifier

1. Name 姓名

2. NRIC 身份证号码

3. Date of Birth 生日 (dd/mm/yyyy)

! Please assess if participant is comfortable at rest. 
If yes, take 1st BP reading now and record on Page 2 of Form A.
If no, wait for a few minutes before taking 1st BP reading

(End of Page 1)

Health Concerns

If the participant has any concern(s), please take a brief history. (Please write **NIL** if otherwise).

E.g. "Is there any health issues there's worrying you right now?"
"最近有没有哪里不舒服?"

Please advise that there will be **no diagnosis or prescription** made at our screening. Kindly advise the participant to see a GP/polyclinic instead if he/she is expecting treatment for their problems.

Refer to Dr's consult if worrying / patient strongly insists. Indicate on Page 2 of Form A.

4. Health Concerns

Systems Review

Please rule out red flags.

For example:

- Constitutional Symptoms: LOA, LOW
- GI: change in BO habits, PR bleed
- GU: urination problem

Refer to Dr's consult if worrying. Indicate on Page 2 of Form A.

5. Systems Review

Past Medical History

6. Past Medical History (select all that applies)

- ☐ **NIL**
- ☐ Hypertension 高血压
- ☐ Diabetes Mellitus 糖尿病
- ☐ Hyperlipidemia 高血脂／高胆固醇
- ☐ Ischemic Heart Disease (including Coronary Heart Diseases)
缺血性心脏病(包括心脏血管阻塞)
- ☐ Stroke/TIA 中风
- ☐ Others _____

This Question is Conditionally Shown if: (6 (Hypertension 高血压) = Selected OR6 (Diabetes Mellitus 糖尿病) = Selected OR6 (Hyperlipidemia 高血脂／高胆固醇) = Selected OR6 (Ischemic Heart Disease (including Coronary Heart Diseases)

缺血性心脏病(包括心脏血管阻塞)) = Selected OR6 (Stroke/TIA 中风) = Selected OR6 (Others) = Selected

7. Please specify for PMHx.: **duration, compliance to medication/lifestyle modifications, follow-up route**

Counsel if poor compliance to medications/lifestyle modifications.

Indicate Past History of DM / CVS Disease (including HTN, HLD, IHD)/ CVA on Page 2 of Form A for exhibition ambassadors

8. Personal cancer history: (select all that applies)

- ☐ **NIL**
- ☐ Colorectal Cancer 大肠癌
- ☐ Breast Cancer 乳癌
- ☐ Cervical Cancer 子宫颈癌
- ☐ Others _____

Counsel if defaulted on surveillance follow-up.

! Please take 2nd BP reading now and record on Page 2 of Form

A. !

Family History

9. Family History (select all that applies, only for first degree family members)

- ☐ **NIL**
 - ☐ Hypertension 高血压
 - ☐ Diabetes Mellitus 糖尿病
 - ☐ Hyperlipidemia 高血脂／高胆固醇
 - ☐ Ischemic Heart Disease (including Coronary Artery Diseases)
- 缺血性心脏病(包括心脏血管阻塞)

- ☐ Stroke/TIA 中风
- ☐ Others _____

10. Family cancer history (select all that applies, only for first degree family members)

- ☐ **NIL**
- ☐ Colorectal Cancer 大肠癌
- ☐ Breast Cancer 乳癌
- ☐ Cervical Cancer 子宫颈癌
- ☐ Others _____

Counsel for screening for positive family history. (can refer to guidelines)

Indicate Family History of DM / CVS Disease / CVA / Cancer on Page 2 of Form A for exhibition ambassadors

Social History

11. Are you currently smoking?

- ☐ Yes
- ☐ No

This Question is Conditionally Shown if: (11 = Yes)

12. Number of Pack Years:

Pack Years = (Number of sticks per day / 20) x Number of years smoking

This Question is Conditionally Shown if: (11 = No)

13. Have you smoked before?

- ☐ Yes
- ☐ No

This Question is Conditionally Shown if: (13 = Yes)

14. How many years have you quit for?

This Question is Conditionally Shown if: (13 = Yes)

15. Number of Pack Years if smoked previously:

Pack Years = (Number of sticks per day / 20) x Number of years smoking

16. Alcohol history:

indicate quantity, type and frequency:

e.g. 3 cans of beer 2 times per week

Indicate Smoking/Alcohol Consumption on Page 2 of Form A for exhibition ambassadors

17. Occupation 职业

- ☐ Working _____
- ☐ Unemployed but able to work _____
- ☐ Unable to work due to disability
- ☐ Student
- ☐ Homemaker / Housewife
- ☐ Retiree

18. What is the frequency of moderate-intensity exercise you do in a week? (moderate-intensity exercise = can talk but cannot sing during exercise)

- ☐ 0-59 min (minimal benefits)

- ☐ 60-149 min (some benefits)
- ☐ Above 150 min (substantial benefits)

Financial Status

Currently on:

19. Government Financial Assistance (except CHAS & PG, e.g.Public Assistance Scheme)

- ☐ Yes
- ☐ No

20. CHAS

- ☐ Yes, Blue Card
- ☐ Yes, Orange Card
- ☐ No

21. PG Card

- ☐ Yes
- ☐ No

22. Income Level (put NIL if unable to provide)

Total monthly household income _____

No. of household member(s) _____

Income per capita (Income per person) _____

23. Please **ask** if the participant **needs** the following. Tick all that apply.

- Ask for CHAS
- Ask for further financial assistance if you deem necessary
 - ☐ **NIL**
 - ☐ CHAS Sign Up/Tier Change
 - ☐ Further Financial Assistance

Per-capita income for CHAS:

Orange Card: \$1101- \$1800

Blue Card: \$1100 and below

Participants can sign up or change tier at the CHAS booth at exhibition.

Assess if the participant needs further financial assistance.

Indicate CHAS/Financial Assistance on Page 2 of Form A for exhibition ambassadors



(End of Page 2)

Urinary Incontinence - ICIQ-SF

A. How often do you leak urine?

是否有尿失禁的问题？若有，次数大概多少？

- ☐ never (0)
- ☐ about once a week or less often (1)
- ☐ two to three times a week (2)
- ☐ about once a day (3)
- ☐ several times a day (4)
- ☐ all the time (5)

B.

How much urine do you usually leak, whether you wear protection/diapers or not?

失禁时，分量多少？是否有用尿片？

- ☐ None (0)
- ☐ A small amount (2)
- ☐ A moderate amount (4)
- ☐ A large amount (6)

C. Overall, how much does leaking urine interfere with your everyday life

尿失禁问题是否干涉您的日常生活？

	0 - not at all	1	2	3	4	5	6
Scale	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

34. ICIQ Score: A+B+C

Refer Dr's consult if ICIQ \geq 1. Indicate on Page 2 of Form A

D.

When does urine leak? (check all that apply)

什么时候尿失禁？

- ☐ Never - does not leak
- ☐ Leaks before you can get to the toilet
- ☐ Leaks before you cough or sneeze
- ☐ Leaks when you are asleep
- ☐ Leaks when you are physically active/exercising
- ☐ Leaks when you have finished urinating and are dressed
- ☐ Leaks for no obvious reason
- ☐ Leaks all the time

(End of Page 3)

Vitals

BMI. BMI 身高体重指数

Weight 体重 (kg) _____

Height 身高 (m) _____

BMI _____

BMI:

18.5 - 22.9 Low Risk

23.0 -27.4 Moderate Risk

≥27.5 High Risk

Blood Pressure Measurement 测量血压

Retake 3rd reading if first 2 BP differs by >5mmHg

Take average for all readings taken and round off to nearest whole number

Refer to Dr's Consult if AVERAGE BP Systolic ≥ 140 OR Diastolic ≥ 90 mmHg.

If Systolic ≥ 180 OR Diastolic ≥ 120 mmHg, refer to BP measurement protocol as shown on the table.

BP Readings. BP Readings:

1st Systolic Reading _____

1st Diastolic Reading _____

2nd Systolic Reading _____

2nd Diastolic Reading _____

3rd Systolic Reading (if needed) _____

3rd Diastolic Reading (if needed) _____

Average Systolic Reading (of all readings) _____

Average Diastolic Reading (of all readings) _____

Blood Test. Has the participant done a blood test at this PHS screening?

☐ Yes

☐ No

Compliance to Personal Data Protection Act (PDPA)

Consent has previously been given to the Public Health Service Executive Committee to collect my personal information for the purpose of recruitment for the Public Health Service (hereby called “PHS”) and its related events during registration. Terms and conditions as stated in the registration form will stand.

Thank you :)

(End of Page 4)
