Nuffield Health Assessment Questionnaire

Name of Client: Mr Jaime Santos Amandi			
Client ID: CIN0971369			
Physiologist: Ms Samantha Griffin			
Date of Assessment: 27 April 2016			
Centre Contact Details: Nuffield Health Fitness and Wellbeing Centre Moorgate			
1 Ropemaker Street			
London EC2Y 9AW			
Tel no:		Email address:	

Some elements of your health history and/or measurements taken during your Assessment indicate that it would be beneficial for you to discuss your musculoskeletal condition with a physiotherapist to determine any specific programming instructions/limitations that they may recommend.

Your Questionnaire

Report Delivery

Do you wish to receive an electronic copy of your report? ✔Yes

If you answered "Yes" an electronic copy of your report will be available 48 hours earlier.

Personal Information

GP Name Sj Mathukia

GP Address Mathukia's Surgery

GP Postcode IG1 2SF

GP number 020 85539577

Ethnicity

✔White: Regardless of geographic region.

I consent to my GP receiving a copy of my report should they request it ✔Yes

Reasons for the assessment

*** What is your reason for taking your health assessment?**

✔Health Review

Family Status

*** What is your marital Status?**

✔Single

For how many years? 39

Your Children

Child Name Date of Birth Do they live at home

Any significant medical problems with the children? [please note when illness occurred]

What can you tell us about your home or personal life that may be affecting your health and wellbeing?

Working on a bit stressful environment (IT sector). No outstanding/known illness. Routinely go to the gym (at least 4 times a week). Nonetheless put some weight in the last 3 years.

Health History

Treatment, medication and supplements

Please list any special treatments, tests, investigations or hospital admissions you have had over the past three years

None.

Please list any medication or supplements you are currently taking

Centrum Adults Multivitamin

Please list any allergies you have (including allergies to medication)

None

Current Health

How is your health in general?

Good

General Medical Health

Please mark any current problems you may have or any condition you particularly wish to discuss during the assessment

My weight is? ✔Fluctuating

I feel abnormally tired for no good reason? ✔No

I suffer from pain or discomfort in my chest? ✔No

I am aware of my heart beating fast or in an odd way for no reason? ✔Yes

How long have you suffered from this condition

Not sure this is important but, when going to the gym I can see heart beat a bit avobe average when cycling. This has been like that for years I think.

I notice that my ankles frequently swell? ✔No

I find it difficult to breathe when lying flat? ✔No

I make a wheezy noise when I breathe? ✔No

I have coughed up pink froth or blood recently? ✔No

I have trouble swallowing? ✔No

I suffer from frequent indigestion/heartburn? ✔No

My appetite has changed? ✔No

I have suffered from recent abdominal pains? ✔No

I have noticed a recent change in my bowel habit? ✔No

I have seen blood in my stools or noted that my stools have changed colour (e.g. black, white)? ✔No

I have recently seen blood in my urine? ✔No

I have noticed persistent swollen glands? ✔No

I have noticed moles which itch, bleed or are changing or enlarging? ✔No

I have had problems with my sex life, sex drive or sexual functioning of late? ✔No

I have worsening headaches or bone pains that wake me at night?

I have concerns about another problem? ✔Yes

How long have you suffered from this condition

My hands get very very dry sometimes. It gets to the point of getting skin scales. This only affects my hands and cannot get a pattern for it.

Medical History

Please tick any condition you have suffered from in the past and indicate how old you were and how long it lasted.

Note: You can use decimal places in the duration box where appropriate.

Have you been diagnosed on an ECG with ventricular hypertrophy? ✔No

High blood pressure ✔No

Have you been diagnosed with heart rhythm disturbances? ✔No

Have you been diagnosed with congestive heart failure? ✔No

Anaemia ✔No

Angina ✔No

Heart attack ✔No

Other heart disease ✔No

High cholesterol ✔No

Stroke or a Temporary Ischemic Attack (TIA) ✔No

Deep vein thrombosis ✔No

Conditions affecting the kidneys ✔No

Undescended testicle ✔No

Urethritis ✔No

Prostate/bladder ✔No

Peripheral vascular disease ✔No

Asthma ✔Yes

Age 8 **Duration (in years)** 5

Emphysema ✔No

Bronchitis ✔No

Pneumonia ✔No

Pleurisy ✔No

Blood clot in the lung ✔No

Tuberculosis ✔No

Piles ✔No

Anal fissures ✔No

Duodenal ulcer ✔No

Gastric ulcer ✔No

Hiatus hernia ✔No

Medical History continued

Note: You can use decimal places in the duration box where appropriate

Gall stones ✔No

Hepatitis or jaundice ✔No

Polyps in the colon ✔No

Incontinence ✔No

Inguinal hernia (groin) ✔No

Thyroid gland disorder ✔No

Diabetes ✔No

Glandular fever ✔No

Rheumatic fever ✔No

Mumps in adulthood ✔No

Malaria ✔No

Other tropical disease ✔No

Work related stress ✔No

Anxiety ✔No

Depression ✔No

Nervous or emotional breakdown ✔No

Epilepsy ✔No

Migraine ✔Yes

Age 14 **Duration (in years)** 25

Concussion or head injury ✔No

Cancer ✔No

Skin disease ✔Yes

Age 25 **Duration (in years)** 14

Allergies ✔No

Glaucoma ✔No

Cataracts ✔No

Iritis ✔No

On-going sports injury e.g. knee pain ✔No

Recurrent neck or back pain ✔No

Persistent joint or muscle pain other than spine ✔No

Inflammatory arthritis e.g. rheumatoid arthritis ✔No

Muscle or nerve disease (e.g. multiple sclerosis) ✔No

Sexual problems (including sexually transmitted disease) ✔No

List any other significant illnesses suffered and any additional comments here

Man Health

PSA

Have you ever had a PSA (prostate) blood test? ✔No

Was it raised? ✔No

Urinating

Do you have any problems with urination? ✔No

Family History

Has any Family member had any of the following?

High blood pressure ✔Yes

Age at which the illness first occurred If deceased, give cause and age at death?
✔Parents 1
✔Grand Parents 1 Heart attack
✘Siblings

Premature cardiovascular disease (at age < 60 years) ✔No

Diabetes ✔No

Heart Attack (age less than 55yrs) ✔No

Angina ✔No

Coronary Bypass ✔No

Stroke or a temporary ischemic attack (TIA) ✔No

High Cholesterol ✔Yes

Age at which the illness first occurred If deceased, give cause and age at death?
✔Parents 57
✘Grand Parents
✘Siblings

Aortic Aneurism ✔No

Thyroid problems ✔No

Glaucoma ✔No

Breast cancer ✔No

Ovarian cancer ✔No

Bowel cancer ✔No

Prostate cancer ✔No

Skin cancer ✔No

Osteoporosis ✔No

Asthma ✔No

Mental illness ✔No

Alcoholism ✔No

Any other family health problems you would like to discuss?

Quality of Life

Please tell us about your perceived quality of life by answering the questions below.

I am a good person and live a good life Slightly agree

I lead a purposeful and meaningful life Agree

I am engaged and interested in my daily activities Agree

I actively contribute to the happiness and well-being of others Strongly agree

I am competent and capable in the activities that are important to me Slightly agree

People respect me Strongly agree

I am optimistic about my future Strongly agree

My social relationships are supportive and rewarding Agree

(Diener, E., et al, (2010). New Well-being Measures: Short Scales to Assess Flourishing and Positive and Negative Feelings. Social Indicators Research, 97: 143 – 156)

Stress and Pressure Management

What actions do you take to cope with a highly stressful day?

Basically sport. Going to the gym in my luch break.

In the last month, how often have you been upset because of something that happened unexpectedly? Sometimes

In the last month, how often have you felt that you were unable to control the important things in your life? Almost never

In the last month, how often have you felt nervous and "stressed"? Sometimes

In the last month, how often have you felt confident about your ability to handle your personal problems? Fairly often

In the last month, how often have you felt that things were going your way?
Fairly often

In the last month, how often have you found that you could not cope with all the things that you had to do? Almost never

In the last month, how often have you been able to control irritations in your life?
Very often

In the last month, how often have you felt that you were on top of things? Fairly often

In the last month, how often have you been angered because of things that were outside of your control? Sometimes

In the last month, how often have you felt difficulties were piling up so high that you could not overcome them? Sometimes

Your Occupation

Do you currently work? ✔Yes

What is your job title?

IT - network Engineer

How long does your journey to work take? 00 40

Do you take work home in the evenings or weekends? ✔No

Do you take your full holiday entitlement? ✔Yes

Do you have important job security worries? ✔No

In the past 4 weeks (28 days), how many days did you...

1. Miss an entire work day because of problems with your physical or mental health?
0

2. Miss an entire work day for any other reason (including vacation)? 0

3. Miss part of a work day because of problems with your physical or mental health? 0

4. Miss part of a work day for any other reason (including vacation)? 0

5. Come in early, go home late, or work on your day off? 5

Examples for calculating hours worked in the past 4 weeks

40 hours per week for 4 weeks = 160 hours

35 hours per week for 4 weeks = 140 hours

40 hours per week for 4 weeks with 2 (8-hour) days missed = 144 hours

40 hours per week for 4 weeks with 3 (4-hour) partial days missed = 148 hours

35 hours per week for 4 weeks with 2 (8-hour) days missed and 3 4-hour partial days missed = 112

About how many hours altogether did you work in the past 4 weeks (28 days)?

200

How many hours did your employer expect you to work in the past 4 weeks (28 days)?

160

On a scale from 0 to 10 where 0 is the worst job performance anyone could have at your job and 10 is the performance of a top worker, how would you rate the usual performance of most workers in a job similar to yours? 9

Using the same 0-to-10 scale, how would you rate your usual job performance over the past year or two? 8

Using the same 0-to-10 scale, how would you rate your overall job performance on the days you worked during the past 4 weeks (28 days)? 8

In general, how satisfied are you with your job? Satisfied

Sleep

Do you feel good about the quality of your sleep? Sometimes

What time do you fall asleep on a normal day? (hh:mm) 23 25

What time do you wake up on a normal day? (hh:mm) 06 30

What best describes your work hours

✔Normal daytime work

How much sleep do you feel you need each night? 8 **hours**

What best describes your usual sleeping arrangements?

✔I share a bed with a person or pet

Which of the following do you have in your bedroom?

✔Alarm clock (including clock radio)
✘Stereo
✔Personal computer (desktop or laptop)
✘Playstation or equivalent
✘Television
✘Telephone
✘Fan
✘Air treatment (eg. ioniser)
✘None apply

What most applies to you?

✘I often cannot get to sleep within 30 minutes
✘I often wake up several times during the night
✘I often wake up and can't get back to sleep
✔None apply

During the last month, I have had a problem sleeping more than once a week because...

✘I could not breathe comfortably
✘I coughed or snored loudly
✔I felt too hot or cold
✘I was worrying/thinking a lot about something
✘I had bad dreams, I had discomfort in my legs
✘I was in pain, I twitched or kicked out
✘I was not comfortable
✘I needed to use the bathroom
✘Noise
✘Light
✘None apply

During the last month, I have been woken more than once a week by...

✘My partner (apart from being deliberately woken by them)
✘My baby
✘My child or children
✘Traffic (cars, trains or planes)

✘Light
✘Neighbours
✘Other people in the house
✘Pets
✔None apply

Each item below describes a routine daytime situation. Use the scale on the right to rate the likelihood that you would doze off or fall asleep (in contrast to just feeling tired) during that activity.

Sitting and reading ✔Slight chance of dozing

Watching television ✔Moderate chance of dozing

Sitting inactive in a public place, for example, a theatre or meeting ✔Would never doze

As a passenger in a car for an hour without a break ✔Moderate chance of dozing

Lying down to rest in the afternoon ✔Would never doze

Sitting and talking to someone ✔Would never doze

Sitting quietly after lunch (when you've had no alcohol) ✔Would never doze

In a car (in the driver's seat), while stopped in traffic ✔Slight chance of dozing

Smoking

Are you a smoker?

✔No

About how many cigarettes did you smoke per day? 5

What tobacco product do you primarily use?

✔Cigarettes

When did you quit? 01/04/2011

When did you start smoking? 11/04/1995

Have you ever been a smoker?

✔Yes

Are you regularly exposed to a smoky environment or around others when they are smoking? ✔No

Alcohol

Thinking about all kinds of drinks, roughly how often have you had an alcoholic drink of any kind during the last 12 months? – Please choose one option.

✔Once or twice a week

Have you had an alcoholic drink in the seven days ending yesterday? ✔Yes

1. Pints or bottles of normal strength beer, bitter, lager or cider 3

2. Single measures of spirits or liqueur such as whisky, gin, vodka, etc.

3. Standard glasses of wine (175ml)

4. Single glasses of martini, sherry or port (not wine)

5. Bottles of Alcopops/designer drinks or alcoholic lemonade such as Red, Reef, Hooch, - Bacardi Breezer, Smirnoff Ice, etc.

6. Other alcoholic drinks

7. Low/non-alcoholic drinks

How many of each of these types of drink have you had during the last seven days? Please include drinks that are drunk in or out of the home. If you drink double measures or large glasses then add this as 2 drinks.

Was last week roughly a typical week? ✔No, I usually drink less

Do you use any recreational drugs? ✔Yes

Your Personal Habits

Exercise

Regular activity (household chores, dog walking etc.) Sessions per week 2 **Average minutes of activity** 30

Moderate exercise (slightly breathless, brisk walking, moderate cycling etc.) Sessions per week Average minutes of activity

Vigorous exercise (running, sports i.e. tennis and football, hard cycling etc.) Sessions per week 5 **Average minutes of activity** 1

Relaxation exercise (yoga, Pilates, meditation) Sessions per week 0 **Average minutes of activity**

How many days of the week do you participate in each of the following activities and on average how many minutes does each activity last?

Have your activity levels changed in the last 12 weeks? No

"How many hours in a typical work day would you spend sitting? 10

"How many hours in a typical non-work day would you spend sitting? 6

Nutrition

Eating Behaviours

How many days a week do you eat convenience food? Around 3 to 4 times a week

Do you make a list before you go grocery shopping? Yes, (almost) always

How often do you skip meals? At least once a week

Do you find it hard to leave something on your plate? Yes

Do you eat out of boredom, frustration, anger or stress, even when you are not actually hungry? Yes, now and then

Do you ever treat yourself to food as a reward or to cheer yourself up? Yes, often

Looking back over the last few weeks have you found yourself overeating? Yes

How many meals do you eat each day during the week? Also include any snacks you eat between main meals. 2

How often do you snack between main meals? Several times a week

How often do you go longer than 3 hours without food? Regularly

How often do you eat dinner after 8pm? Sometimes

Beverages

How many glasses of water do you drink per day? (1 glass is roughly 200ml) 5 to 10

On average how many glasses of fruit juice do you drink per day? (fresh or from concentrate and including store bought smoothies)(1 glass = 200ml) 1

On an average how many glasses of regular soft drinks do you drink per day? (1 glass = 200ml) < 1

On an average how many glasses of diet or low calorie soft drinks do you drink per day? (1 glass = 200ml) < 1

On average how many cups of coffee do you drink per day? 3

What form of coffee do you usually drink? Barista coffee (latte/cappucino)

On average how many cups of tea do you drink per day? < 1

On average how many cups of green tea do you drink per day? < 1

On average how many fruit or herbal teas do you drink per day? < 1

What do you usually add to your tea or coffee?

☒Nothing
☒Sugar
☒Agave Syrup
☒Sweeteners
☒Honey
☒Skimmed milk
☒Semi-skimmed milk
☒Full fat milk
☒Cream
☒Milk alternative (i.e. soya)

Foods

On average how many portions of fruit do you eat each day? 2

On average how many portions of salad/vegetables do you eat each day? - This does not include potatoes, pulses (e.g. lentils, beans) or nuts. 1

How many days a week do you eat pulses (i.e. lentils and beans)? 1 to 2

Cereal 2

Bread 1

Pasta

Rice 1

Other grains i.e. quinoa, barley, bulgur wheat 1

How many portions of wholegrains do you eat per day? (1 portion is 1 slice medium bread, 100g uncooked pasta, 100g uncooked rice or other grains or 30g cereal)

On average how many portions of regular fat dairy products or milk do you eat/drink per day? (i.e. 200ml skimmed or semiskimmed milk, 30-50ml milk to tea or coffee, 150ml natural yogurt, tablespoons or 90g cottage cheese, quark or fromage frais) < 1

Cheese 1

Full fat milk

Single cream

Double cream

Butter or ghee

On average how many portions of high fat dairy products (full fat milk, cream, cheese etc) do you eat/drink per week? (30g cheese, 200ml full fat milk, 50ml single cream or double cream 10g butter or ghee)

On average how many portions of sweetened dairy products (ice cream, milkshake, sweetened yogurt, mousses, other dairy desserts) do you eat/drink per week? 1

How many portions of fish do you eat on average per week? 1

If you eat fish: Is it often fried or breaded? (Almost) never

Do you usually eat oily fish (Salmon, Mackerel, Sardines, fresh Tuna) as apposed to white fish or shellfish? (Almost) never

How many portions of red meat do you eat on average per week? 2

Do you usually eat fresh red meat (steak, chops, on the bone and other cuts) or processed (minced, sausages, burgers, bacon, ham, kebabs, cured meats)? Occasionally

How many times a week do you eat spreads? - e.g. margarine on bread 4

On average how many times per week do you eat fried food? < 1

On average how many times per week do you eat breaded food? 2

On average how many times per week do you eat unsalted nuts/seeds? 2

How many days a week do you eat something sweet for dessert after a meal? 3

How many days a week do you eat something sweet between meals? 1

Do you add sugar to your foods? (Almost) never

Do you add salt to your food? Occasionally

How many times a day do you eat salty snacks? 1

Readiness to Change

On the slider scale of 0-10 how ready do you feel to change your behaviour for the following areas of your lifestyle? 0 represents that you are not ready at all or do not want to change and 10 represents that you are very eager to address this lifestyle area and make changes as soon as possible.

Exercise 2

Diet 5

Alcohol 1

Smoking

Work/Life balance 2

On the slider scale of 0-10 please answer the following questions. 0 represents that you do not believe the area is important or you have no confidence to change and 10 represents that you believe the area is very important and you are very confident you can make a significant change.

How important do you think it is for you to change your exercise habit? 1

How confident do you feel in being able to change your exercise habits? 3

How important do you think it is for you to change your dietary habit? 5

How confident do you feel in being able to change your dietary habits? 2

How important do you think it is for you to change your smoking habit?

How confident do you feel in being able to change your smoking habits?

How important do you think it is for you to change your drinking habit? 1

How confident do you feel in being able to change your drinking habits? 2

If you had an extra hour in the day, how would you prefer to spend it?

Studying

Thank you for completing your health assessment questionnaire online.

All your data has now been saved. Please exit by clicking on 'Close' and then 'Logout'. Before attending your appointment, please refer to the 'preparing for your health assessment' document we emailed you as this will help you prepare for your visit.

We look forward to welcoming you for your health assessment.

Name of physiotherapist (please print): Position Held:	
Signature:	
Address and contact details of surgery:	