Studies of Human Performance in Older People: Health Questionnaire

Name:

Address:

Date of Birth:

Telephone no.:

If the answer is YES to any of the following questions, please give some details including dates where possible.

Have you any history of heart trouble?
(such as heart attack, angina, valve disease, palpitations, pains in chest, dizzy spells)

Have you any history of problems with blood vessels?
(such as thrombosis, embolus, claudication, aneurysm, dizzy spells, stroke, blood clots)

Have you any history of chest problems?
(bronchitis, asthma or wheezy chest)

Have you ever smoked?
(if YES please state whether you are a current or ex-smoker and how much)

Do you suffer from diabetes?
(if YES please state if insulin dependent)

Have you any history of major illness now or in the last 20 years?
(such as rheumatoid arthritis, blood disorders, cancer)

Have you any history of emotional or psychiatric problems?

Do you suffer from osteoarthritis?
(if YES please state joints affected and indicate mild, moderate or severe and any medication regularly taken)

Have you broken or fractured any bones? If so, when?

Do you have any problems with your bones?
(osteoporosis, loss of height)

Have you any history of back problems? If so, when did they start and do they still affect you in any way?

Have you had any surgery on your joints? If so, when?

Do you suffer from high blood pressure?

Have you had any acute illness in the last six months?
(such as influenza, recurrent sore-throat, bronchitis)

Please state any medication, prescribed or over the counter, regularly taken for any condition

Name of medication How often medication is taken

Have you been in hospital in the last 5 years? If so, why and for how long?

Do you have any physical disabilities?
(such as visual or hearing problems)

Is there any other illness or condition that affects your general health or interferes with your mobility?

Approximately how tall are you?

Approximately how much do you weigh?

Your Doctor's Name:

Your Doctor's Address:

Thank you for completing this questionnaire