

Health Questionnaire

Name

Date/...../.....

1. How would you describe your health at present? *(Please tick one answer)*

Very good

Good

Fair

Poor

Very poor

2. Are you? *(please tick one answer)*

Pre-menopausal

Going through menopause

Menopausal

No period for 12 months

Not applicable

3. Do you have any of the following risk factors for osteoporosis?
(please tick one box for each question)

Delayed puberty 16 yrs+ YES NO

Early menopause younger than 45 YES NO

Small build YES NO

Family history of hip fractures YES NO

Low daily intake of dairy products

As a child YES NO

Now YES NO

Have your periods ever stopped due to

Weight loss YES NO

Exercise YES NO

Do you smoke? YES NO

Have you had a long course of corticosteroids? YES NO

Do you have thyroid problems? YES NO

Do you have rheumatoid arthritis? YES NO

Do you have chronic liver disease? YES NO

4. Have you had any broken bones? YES NO

If yes, please list.....

5. Do you suffer from any other medical conditions? YES NO

If yes, please list.....

6. Do you do any regular exercise? YES NO

If yes, please tell us what you do and how often?

.....

7. Have you had any tests for osteoporosis?

DXA YES NO

X-ray YES NO

CT scan YES NO

Thank you for answering our questions.

OFFICE USE ONLY

	Initially	Follow up
1. Clinical Test of Sensory Interaction of Balance (CTSIB) (Cohen et al. 1993, Hill 1997, Shumway-Cook and Horak 1986)
2. Timed Up and Go (3m) (Berg et al. 1992, Hill 1997, Podsiadlo and Richardson 1991)
3. Step Test (on low box in 15 seconds) (Hill 1997, Ill et al. 1996)
4. Measure Occiput to Wall

Additional comments

.....
.....
.....

Par - Q (Physical activity readiness Questionnaire)

Name..... Age..... Date/...../.....

For most people, physical activity should not pose any problem or hazard. The Par-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable to them.

Please answer the following questions to the best of your knowledge.

- | | YES | NO |
|---|--------------------------|--------------------------|
| • Have you ever had a prescription for medication or drugs? | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, please list.....
.....

- | | | |
|---|--------------------------|--------------------------|
| • Has your Doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a Doctor? | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

Comments.....
.....

- | | | |
|---|--------------------------|--------------------------|
| • Do you ever lose your balance because of dizziness or do you ever lose consciousness? | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

Comments.....
.....

- | | | |
|---|--------------------------|--------------------------|
| • Do you feel pain in your chest when you do physical activity? | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

Comments.....

- | | | |
|---|--------------------------|--------------------------|
| • In the last month have you had pain in your chest when you were <u>not</u> doing physical activity? | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

Comments.....

- | | | |
|---|--------------------------|--------------------------|
| • Do you have a bone or joint problem that could be made worse by a change in your physical activity? | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

Comments.....

- | | | |
|---|--------------------------|--------------------------|
| • Do you have a hernia or any condition that may be aggravated by exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

Comments.....
.....

YES NO

- Is there any good physical reason not covered here why you should not follow an activity program even if you wanted to?

Comments.....

Signed:

	A	B	C
<p>Walking and running I can run 1.5 kilometres without resting. (Tick column A) I can walk 1.5 kilometres without resting, but couldn't run. (Tick column B) I can't walk 1.5 kilometres without resting. (Tick column C)</p>			
<p>Climbing stairs I can climb five flights of stairs without a pause. (Tick column A) I can climb two to four flights without a pause. (Tick column B) I can't climb two flights of stairs without a pause. (Tick column C)</p>			
<p>Carrying heavy grocery bags. (7kg's carried in your arms not by the handles from the driveway to the house.) I can carry 1 bag in each arm (Tick column A) I can carry 1 bag with both arms. (Tick column B) I can't carry such a bag for this distance. (Tick column C)</p>			
Number of ticks in each column			

If you have one tick in column C start at **beginning** level.

If you have a combination of ticks in columns A and B start at **intermediate** level.

If you have three ticks in column A start at **advanced level**.

Starting Level	Kilograms For Each Arm	Kilograms For Each Leg
Beginning	1	3
Intermediate	2	4
Advanced	3	5

Exercise Intensity Scale

Exercise Intensity Level	Description of Effort
1	Very easy: too easy to be noticed like lifting a pencil.
2	Easy: can be felt, but isn't fatiguing, like carrying a book.
3	Moderate: Fatiguing only if prolonged, like carrying a full handbag that seems heavier as the day goes on.
4	Hard: More than moderate at first, and becomes difficult by the time you complete six or seven repetitions. You can make the effort eight times in good form, but need to rest afterwards.
5	Extremely hard: Requires all your strength, like lifting a piece of heavy furniture that you can raise only once, if at all.

Tables reproduced from "Strong Women Stay Young" Miriam E Nelson with Sarah Wernick.

Check Your Own Calcium Intake

Write down everything that you ate yesterday, starting with breakfast and including snacks.

Check the list on the next page for significant calcium sources.

For each food, which had a significant calcium source, write down the amount of calcium for the serve size, which you ate.

Add up all the calcium amounts, and add an extra 150mg to account for the calcium in the other foods which you ate during the day.

Compare the result with the recommended 1000mg per day.

	Food	Amount	Calcium (if significant)
Breakfast			
Snack			
Lunch			
Snack			
Dinner			
Snack			
		Sub total =	
		+ 150mg	
		Total =	

Significant Sources of Calcium

DAIRY FOODS	Serving Size	mg of Calcium
Milk (full cream)	1 cup	312
	1 tablespoon	25
Milk (skim, HiLo, etc)	1 cup	374
	1 tablespoon	30
Milk Powder	1 tablespoon	100
Yoghurt	200mls	354
Ice Cream	1 cup, small tub, 2 scoops or a stick	95
Milk Shake	1	300
Cappuccino	1	122
Cream or Sour Cream	1 tablespoon	16
Cheese	small slice or 1" cube	195
	1 tablespoon grated	78
Soft Cheese (eg Camembert)	small wedge	98
Cottage Cheese	1 tablespoon	12
	1 cup	77
Ricotta Cheese	1 tablespoon	47
	1 cup	290
Cream Cheese	1 tablespoon	25
Parmesan Cheese	1 tablespoon	98

FISH	Serving Size	mg of Calcium
Small tin of Salmon	1	95
Salmon in a sandwich	1	30
Sardines	each	66
Other small whole fish	each	45
Fresh fish	small fillet	42
Medium to large prawns	each	6
	1 cup	78
Oysters, scallops	each	17

NUTS	Serving Size	mg of Calcium
Almonds	10 whole	25
	1 cup chopped	171
Brazil	10 whole	63
	1 cup chopped	144
Walnuts	10 halves	12
	1 cup chopped	41

LEGUMES (cooked)	Serving Size	mg of Calcium
Soybeans	1 cup	60
Other dried beans	1 cup	55
Tofu	1 cup	115
Soy drink	1 cup	50
Calcium-fortified soy drink	1 cup	300

VEGETABLES	Serving Size	mg of Calcium
Beans, peas, radishes, carrots, pumpkin, cabbage, brussel sprouts, celery	1 cup	25
Broccoli, leeks	1 cup	60

FRUIT	Serving Size	mg of Calcium
Oranges	each	37
Orange juice	1 cup	20
Rock melon, honeydew	1 cup, pieces	68
Apricots	1 cup	45
	each	6
Dried fruit	1 cup	48
	1 tablespoon	9

BREAD	Serving Size	mg of Calcium
Bread	1 slice	15
Bread roll	each	30
Muffin	each	15
Crumpet	each	15

MISCELLANEOUS	Serving Size	mg of Calcium
Eggs	each	30
Milo	1 tablespoon	50
Ovaltine	1 tablespoon	25
Chocolate	1 square	11
	50 gram bar	55
	25 gram bar	27
Chocolate biscuit	each	10
Doughnut	each	30
Crispy cheese snack	50 grams	48
Scones	each	40
Cheese scones	each	80