



# Passport to Aging Successfully



SAINT LOUIS UNIVERSITY

Please complete this questionnaire before seeing your physician and take it with you when you go.

NAME \_\_\_\_\_ AGE \_\_\_\_\_  
BLOOD PRESSURE sitting: \_\_\_\_\_ standing: \_\_\_\_\_  
WEIGHT now: \_\_\_\_\_ 6 months ago: \_\_\_\_\_ change: \_\_\_\_\_  
HEIGHT at age 20: \_\_\_\_\_ now: \_\_\_\_\_ RELIGION: \_\_\_\_\_

CHOLESTEROL LDL: \_\_\_\_\_ HDL: \_\_\_\_\_  
VACCINATIONS  Influenza (yearly)  Pneumococcal  Tetanus (every 10 years)  Shingles

TSH Date: \_\_\_\_\_ FASTING GLUCOSE Date: \_\_\_\_\_

Do you SMOKE? \_\_\_\_\_ If male age 60+, have you had an ultrasound of your abdomen? \_\_\_\_\_

How much ALCOHOL do you drink? \_\_\_\_\_ per day Do you chew TOBACCO? \_\_\_\_\_

Do you use your SEATBELT? \_\_\_\_\_

EXERCISE: How often do you...

do ENDURANCE exercises (walk briskly 20-30 minutes/day or climb 10 flights of stairs) \_\_\_\_\_/week

do RESISTANCE exercises? \_\_\_\_\_/week do BALANCE exercises? \_\_\_\_\_/week

do POSTURE exercises? \_\_\_\_\_/week do FLEXIBILITY exercises? \_\_\_\_\_/week

Can you SEE ADEQUATELY in poor light? \_\_\_\_\_ Can you HEAR in a noisy environment? \_\_\_\_\_

Are you INCONTINENT? \_\_\_\_\_

Have you a LIVING WILL or durable POWER OF ATTORNEY FOR HEALTH? \_\_\_\_\_

Do you take ASPIRIN daily (only if you have had a heart attack or have diabetes)? \_\_\_\_\_

Do you have any concerns about your PERSONAL SAFETY? \_\_\_\_\_

Do you need to discuss SEXUAL CONCERNS? \_\_\_\_\_

When did you last have your STOOL TESTED for blood? \_\_\_\_\_

When were you last screened for OSTEOPOROSIS? \_\_\_\_\_

Are you having trouble REMEMBERING THINGS? \_\_\_\_\_

Do you have enough FOOD? \_\_\_\_\_ Has your VITAMIN D level been measured? \_\_\_\_\_

What is your BONE MINERAL DENSITY? \_\_\_\_\_ Are you SAD? \_\_\_\_\_

Do you have PAIN? \_\_\_\_\_ If YES, which face best describes your pain?



0



1



2



3



4



5

MALES

Do you have trouble passing urine? \_\_\_\_\_

Have you discussed

PSA testing with your doctor? \_\_\_\_\_

What is your ADAM score? \_\_\_\_\_

FEMALES

When was your last pap smear? \_\_\_\_\_

When was your last mammogram? \_\_\_\_\_

Do you check your breasts monthly? \_\_\_\_\_

Are you satisfied with your sex life? \_\_\_\_\_

Now, please answer the four questionnaires on the other side.

# Passport to Aging Successfully

Please fill out these short forms before seeing your physician and take them with you when you go.

## Geriatric Depression Scale

(circle one)

- Are you basically satisfied with your life? **YES** **NO**
- Have you dropped many of your activities and interests? **YES** **NO**
- Do you feel that your life is empty? **YES** **NO**
- Do you often get bored? **YES** **NO**
- Are you in good spirits most of the time? **YES** **NO**
- Are you afraid that something bad is going to happen to you? **YES** **NO**
- Do you feel happy most of the time? **YES** **NO**
- Do you often feel helpless? **YES** **NO**
- Do you prefer to stay at home, rather than going out and doing new things? **YES** **NO**
- Do you feel you have more problems with memory than most? **YES** **NO**
- Do you think it is wonderful to be alive? **YES** **NO**
- Do you feel pretty worthless the way you are now? **YES** **NO**
- Do you feel full of energy? **YES** **NO**
- Do you feel that your situation is hopeless? **YES** **NO**
- Do you think that most people are better off than you are? **YES** **NO**

Sheikh JI, Yesavage JA. Geriatric Depression Scale (GDS): Recent evidence and development of a shorter version. *Clin Gerontol* 1986 June;5(1/2):165-73.

## ADAM (Men only)

- Do you have a decrease in libido? \_\_\_\_\_
- Do you have a lack of energy? \_\_\_\_\_
- Do you have a decrease in strength and/or endurance? \_\_\_\_\_
- Do you have a decreased enjoyment of life? \_\_\_\_\_
- Are you sad? \_\_\_\_\_
- Are you grumpy? \_\_\_\_\_
- Are your erections less strong? \_\_\_\_\_
- Have you noticed a recent deterioration in your ability to play sports? \_\_\_\_\_
- Are you falling asleep earlier after dinner? \_\_\_\_\_
- Has there been a recent deterioration in your work performance? \_\_\_\_\_

## SNAQ

### Simplified Nutritional Assessment Questionnaire

Name: \_\_\_\_\_ Sex: M F

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date: \_\_\_\_\_

#### My appetite is

- very poor
- poor
- average
- good
- very good

#### Food tastes

- very bad
- bad
- average
- good
- very good

#### When I eat

- I feel full after eating only a few mouthfuls.
- I feel full after eating about a third of a meal.
- I feel full after eating over half a meal.
- I feel full after eating most of the meal.
- I hardly ever feel full.

#### Normally I eat

- less than one meal a day.
- one meal a day.
- two meals a day.
- three meals a day.
- more than three meals a day.

Tally the results based on the following numerical scale: a=1; b=2, c=3, d=4, e=5. The sum of the scores for the individual items constitutes the SNAQ score. A SNAQ score of  $\leq 14$  indicates significant risk of at least 5% weight loss within six months.

Wilson, et al. *Am J Clin Nutr* 82:1074-81, 2005.

## Epworth Sleepiness Questionnaire

How likely are you to doze off or to fall asleep in the following situations, in contrast to just feeling tired? This refers to your usual way of life in recent times. Use the following scale to choose the most appropriate number for each situation.

0-would never doze

1-slight chance of dozing

2-moderate chance of dozing

3-high chance of dozing

### Situation

### Chance of dozing

Sitting and reading..... \_\_\_\_\_

Watching TV..... \_\_\_\_\_

Sitting inactive in a public place..... \_\_\_\_\_

As a passenger in a car for an hour..... \_\_\_\_\_

Lying down to rest in the afternoon..... \_\_\_\_\_

Sitting and talking to someone..... \_\_\_\_\_

Sitting quietly after a lunch without alcohol... \_\_\_\_\_

In a car while stopped for a few minutes..... \_\_\_\_\_

**TOTAL**..... **/24**