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**Personal Details Questionnaire**

**Please complete this questionnaire and bring it with you to your screening.**

**All information will be treated in the strictest confidence.**

**Thank you for your help.**

Date questionnaire completed...................................................

FULL NAME Mr / Mrs / Miss.................................................................................................................................

(Block capitals)

Address...................................................................................................................................................................

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Postcode............................. Telephone................................................. Email.................................................

Date of birth............................... Age.......................................................

First language (if not English)..............................................................................................................................

What is your marital status? (please tick one below)

Married Widowed Separated

Single Divorced Living with someone

Do you have any children? Yes / No

If yes, please give their ages:

Sons.................................................... Daughters.................................................................

Do you live on your own? Yes / No

If no, please indicate how many people live in your household..................................................................

Please state their relationship with you.......................................................................................................

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What type of accommodation do you live in?.........................................................................................................

(house, bungalow, flat, bedsit, etc.)

Do you live in accommodation specifically designed for older people? Yes / No

Are you currently:

In full-time employment In part-time employment

Retired Retired with part-time employment

Retired from main job Unemployed

but in full-time employment

A housewife A housewife with part-time employment

What is/was your main occupation (i.e. the occupation in which you have spent the

longest period of your working life)........................................................................................................................

If you are a housewife, please describe your occupation prior to marriage...........................................................

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Please give details of the Secondary School you attended...................................................................................

At what age did you leave Secondary School?.................................................

Please describe any further education and qualifications gained after leaving school

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**The following questions are going to focus on your health:**

How would you describe your current state of health?

Very poor Poor Fair Good Very good

Over the last 5 years, has your health in general:

changed for the worse

stayed the same

improved

Are you suffering or recovering from any illnesses? Yes / No

If yes, please give details............................................................................................................................

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Are you taking any medication at the moment? Yes / No

If yes, what is the name of the medication(s)?........................................................................................................

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If you are receiving any other treatment (e.g. physiotherapy), please state...........................................................

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Have you ever had a stroke? Yes/No If yes, please give details………………………………………………….

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Have you ever had brain surgery? Yes/No If yes, please give details……………………………………….......

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Have you ever had a head injury with loss of consciousness greater than 5 minutes? Yes/No

If yes, please give details………………………………………………………………………………............................

Do you wear glasses? Yes / No If yes, please describe......................................................................

(for reading, short-sighted, bifocals, etc)

Do you wear a hearing aid? Yes / No If yes, how many?...........................

Do you ever use a stick or walking aid? Yes / No

How would you rate your eyesight (with glasses, if worn)?

Very poor Poor Fair Good Very good

How would you rate your hearing (with an aid, if worn)?

Very poor Poor Fair Good Very good

Do you smoke? Yes / No

Have you ever smoked? Yes / No

How long have you been smoking, or how long did you smoke for?......................................................................

How many do you / did you smoke? Cigarettes per day..........................

Cigars per day................................

Pipe (times per day).......................

Do you drink alcohol? Yes / No

Have you ever drunk alcohol? Yes / No

If you drink alcohol now, how often?

Several times a day Every day

3 or 4 times a week Once or twice a week

Once or twice a month Less than once a month

Using the following information, please calculate how many units of alcohol you currently drink in a week?

1 unit of alcohol = half a pint of ordinary beer or lager

= a single measure of spirits (e.g. whisky, gin, vodka)

= one glass of wine

= a small glass of sherry

= a measure of vermouth or aperitif

Total units per week..................................

**The following questions are going to focus on your social activities:**

How many hours per day do you spend doing the following activities?:

Watching television.....................................................................................................................................

Reading newspapers / magazines..............................................................................................................

Reading books............................................................................................................................................

Hobbies and interests..................................................................................................................................

(please give details)

Taking exercise...........................................................................................................................................

(please give details)

Other daily activities....................................................................................................................................

(please give details)

Do you have any pets? Yes / No If yes, what are they?.......................................................................

How many different people do you talk to in the course of a typical day?

On a casual basis (to say hello)..................................................................................................................

For a short conversation.............................................................................................................................

For a long conversation...............................................................................................................................

Would you prefer to be on 'friendly terms' with fewer / the same / more / many more people than you are at present?

fewer the same more many more

From your experience, what do you think are the advantages and disadvantages of growing older, in order of importance?

Advantages.............................................................................................................................................................

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Disadvantages........................................................................................................................................................

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Please confirm your dominant hand:

Right Left

**The remaining questions are going to focus on your history of falling.**

In the last 2 years have you sustained a fall? Yes / No.

If yes, please provide details .................................................................................................................................

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In the last 2 years have you almost fallen but managed to regain your balance? Yes / No.

If yes, please provide details ..................................................................................................................................

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**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE.**