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Supplementary Material

Self-reported hearing loss in urban Aboriginal and Torres Strait Islander adults: unmeasured, unknown and unmanaged

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Supplementary material S1

Health check questionnaire age 15-54 years

Queensland Government

Metro South Health

Indigenous Health Check: Age 15-54

Community & Primary Health

URN	280223
Family Name	TESTER
Given Name(s)	STUART
Date of Birth	01/01/1970
Sex	Male

An * indicates a mandatory field.

Edit Form | Print

PATIENT DETAILS

Patient seen at Cunnamulla Clinic?	☐ Yes
Is this check being done at Elorac place?	☐ Yes ☐ No
Date of Health Check:	30/08/2016
Age: *	46
Consent for health assessment? *	☐ Yes ☐ No

Consent for health assessment to be used in research?	☑ Yes ☐ No	
Previous Health Assessment?	☐ Yes ☐ No ☑ Missing	Date:
Ethnicity: *	☐ Aboriginal ☐ Aboriginal & Torres Strait Islander ☐ Torres Strait Islander ☐ Other ☑ Missing	

CLINICAL FINDINGS

Are there any other allergies that are not already listed in patient's record?	☐ Yes ☐ No ☑ Missing
Which drug/general?	

Metabolic and Cardiovascular Measures

Blood Pressure:	/ mmHg (Systolic/Diastolic) ***Required for CVR***
Pulse:	/ min
Weight:	kg

Height:	cm		
BMI:			
Waist Measurement:	cm		
Blood Glucose Level:	mmol/L		
HbA1c	% mmol/mol		
Urinanalysis			
Glucose:	☐Negative ☐Trace ☐+ ☐++ ☐+++ ☑Missing		
Ketones:	☐Negative ☐Trace ☐+ ☐++ ☐+++ ☑Missing		
Blood:	☐Negative ☐Trace ☐+ ☐++ ☐+++ ☑Missing		
Protein:	☐Negative ☐Trace ☐+ ☐++ ☐+++ ☑Missing		
Nitrites:	☐Negative ☐Positive ☑Missing		
Leucocytes:	☐Negative ☐Trace ☐+ ☐++ ☐+++ ☑Missing		
ACR - result (consider for all over 30):	AC Ratio:		
Immunisation History			
Fluvax indicated?	☐Yes ☐No ☑Missing		
Pneumococcal vaccination indicated?	☐Yes ☐No ☑Missing		
Immunisation up to date?	☐Yes ☐No ☑Missing		
Comments:			
Visual Acuity			
Best Vision (Use Glasses if available or pinhole):	Glasses used?	☐Yes ☐No ☑Missing	
	Pinhole used?	☐Yes ☐No ☑Missing	
	Have you ever had a problem with your eyes or vision?	☐Yes ☐No ☑Missing	
	Left Eye	**Right Eye**	**Both Eyes**
	6/	6/	6/
Identified Problem:			

HEALTH AND LIFESTYLE

Smoking	
Never Smoked:	☐Yes ☐No ☑Missing
Ex-smoker:	☐Yes ☐No ☑Missing ***Required for CVR***
Current Smoker:	☐Yes ☐No ☑Missing ***Required for CVR***
Wishes to quit:	☐Yes ☐No ☑Missing
Alcohol	
How often do you drink alcohol?	☐Never ☐Monthly or less ☐2-4 times per month ☐2-3 times per week ☐4 or more times a week
When you have a drink, how many do you usually have in one day?	☐1 or 2 ☐3 or 4 ☐5 or 6 ☐7 - 9 ☐10 or more
How often do you have six or more drinks on one day?	☐Never ☐Monthly or less ☐Monthly ☐Weekly ☐Daily or almost daily
AUDIT-C score:	
Caffeine (coffee, tea, green tea, Red Bull, V drinks, Coke, Pepsi, iced coffee)	☐Yes ☐No ☑Missing
Drinks per day:	
Comments:	
Other Substances	
Other Substances	☐Yes ☐No ☑Missing
Opiates (heroin, methadone, codeine, endone, MS contin)	☐Yes ☐No ☑Missing
Cannabis/Yamdi	☐Yes ☐No ☑Missing
Amphetamines (speed, base, crystal meth, ice, ecstacy, MDMA)	☐Yes ☐No ☑Missing
Other:	☐Yes ☐No ☑Missing

Comments:	
Nutrition	
Are you concerned about your weight?	☐ Yes ☐ No ☑ Missing
Has your weight changed in the past 12 months (are your clothes tighter or looser)?	☐ Yes ☐ No ☑ Missing ☐ Tighter ☐ Looser ☑ Missing
Bowel habits/changes (including constipation, altered bowel habit, PR bleeding):	☐ Yes ☐ No ☑ Missing
If Yes, specify:	
FOBT	☐ Indicated ☐ Up to date/ not indicated ☑ Missing
Fruit/Vegetable intake in the last 24 hours:	☐ Adequate (2 serves of fruit and 5 vegetables) ☐ Sub-optimal ☐ None ☑ Missing
Take-away (meals per week)	
Soft drink/cordial (glasses per day)	
Identified Nutrition problems:	
Physical Activity	
How many days a week do you do 30 minutes of huffing and puffing physical activity?	
A session is > 30 mins exercise that raised their heart rate or caused them to huff and puff	
Do you play any regular sport?	☐ Yes ☐ No ☑ Missing
If Yes, please specify:	
Identified problems:	
Hearing	
Hearing loss:	☐ Yes ☐ No ☑ Missing
Whisper test done:	☐ Yes ☐ No ☑ Missing
Result:	☐ Heard ☐ Not heard ☑ Missing
Identified problems:	

Oral Health

Dental Status	
Do you have any dental problems?	☐Yes ☐No ☑Missing
Do you have any dental caries?	☐Yes ☐No ☑Missing
Do you require dentures?	☐Yes ☐No ☑Missing
Identified Problems:	
Impact of Dental Status	
In the last 6 months have you had pain or discomfort in the teeth or mouth?	☐Yes ☐No ☑Missing
Comments:	
Modifiable Risk Factors for Oral Health Problems	
When did you last see a dental professional?	☐Never ☐>12 Months ago ☐<12 Months ago ☑Missing
Comments:	

Life Stressors and Mental Health

Anxiety:	☐Yes ☐No ☑Missing
Identified Problems:	

APDAPTED PATIENT HEALTH QUESTIONNAIRE

In the last two weeks, how often have you been feeling the following:

1. Have you been feeling slack, not wanted to do anything?	☐None ☐A little bit ☐Most of the time ☐All of the time
2. Have you been feeling unhappy, depressed, really no good, that your spirit was sad?	☐None ☐A little bit ☐Most of the time ☐All of the time
3. Have you found it hard to sleep at night, or had other problems with sleeping?	☐None ☐A little bit ☐Most of the time ☐All of the time
4. Have you felt tired or weak, that you have no energy?	☐None ☐A little bit ☐Most of the time

	☐All of the time
5a. Have you not felt like eating much even when there was food around?	☐None ☐A little bit ☐Most of the time ☐All of the time
5b. Have you been eating too much food	☐None ☐A little bit ☐Most of the time ☐All of the time
6. Have you been feeling bad about yourself, that you are useless, no good, that you have let your family down?	☐None ☐A little bit ☐Most of the time ☐All of the time
7. Have you felt like you can't think straight or clearly, its hard to learn new things or concentrate?	☐None ☐A little bit ☐Most of the time ☐All of the time
8a. Have you been talking slowly or moving around really slow?	☐None ☐A little bit ☐Most of the time ☐All of the time
8b. Have you felt that you can't sit still; you keep moving around too much?	☐None ☐A little bit ☐Most of the time ☐All of the time
9. Have you been thinking about hurting yourself or killing yourself?	☐None ☐A little bit ☐Most of the time ☐All of the time
Total Score:	

Adapted Patient Health Questionnaire score:		
Is snoring a problem for you?	☐Yes ☐No ☑Missing	
Skin		
Skin:	Any skin problems	☐Yes ☐No ☑Missing
	Lesion to check	☐Yes ☐No ☑Missing
	Identified Problems:	

MEN'S HEALTH

Sexual Function Problem:	☐ Yes ☐ No ☑ Missing
Identified problems:	
Urinary Problems:	☐ Yes ☐ No ☑ Missing
Identified Problems:	

Sexual Health Check		
Consider sexual health screen for everyone 30 and under		
STI screening advised:	☐ Yes ☐ No ☑ Missing	
Hepatitis C Risks		
Exposure to Hepatitis C	☐ Yes ☐ No ☑ Missing	
IVDU	☐ Yes ☐ No ☑ Missing	
Incarceration history	☐ Yes ☐ No ☑ Missing	
Investigation and Advice undertaken		
Client's Perceived Overall Health Status	☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Very Poor ☑ Missing	
Community and Family		
Family Medical History		
Do you care for someone?	☐ Yes ☐ No ☑ Missing	☐ Adult ☐ Child ☑ Missing
Are you a single parent:	☐ Yes ☐ No ☑ Missing	
Number of children:		
Are you cared for by someone else?	☐ Yes ☐ No ☑ Missing	
Employment Status:	Employed full-time	☐ Yes ☐ No ☑ Missing
	Employed part-time	☐ Yes ☐ No ☑ Missing
	Voluntary work	☐ Yes ☐ No ☑ Missing
	Unemployed	☐ Yes ☐ No ☑ Missing
	Study full-time	☐ Yes ☐ No ☑ Missing
	Study part-time	☐ Yes ☐ No ☑ Missing
	Home duties	☐ Yes ☐ No ☑ Missing

	Disability pension	☐Yes ☐No ☑Missing
	Other pension	☐Yes ☐No ☑Missing
	Casual	☐Yes ☐No ☑Missing
	Contract Work	☐Yes ☐No ☑Missing
	Homelessness?	☐Yes ☐No ☑Missing

MEDICAL ASSESSMENT

Medical History/Examination by GP

I will be asking the following questions because they are likely to have an affect on your health and wellbeing, if you feel uncomfortable, please feel free not to answer

Environmental and Living Conditions

Have you experienced any of the following in the last 12 months:	Serious accident:	☐Yes ☐No ☑Missing
	Death of a family member or close friend:	☐Yes ☐No ☑Missing
	Divorce or separation:	☐Yes ☐No ☑Missing
	Not able to get a job:	☐Yes ☐No ☑Missing
	Witness to violence:	☐Yes ☐No ☑Missing
	Trouble with the police:	☐Yes ☐No ☑Missing
	Gambling problems:	☐Yes ☐No ☑Missing
	Member of family sent to jail / currently in jail:	☐Yes ☐No ☑Missing
	Overcrowding at home:	☐Yes ☐No ☑Missing
	Discrimination / racism:	☐Yes ☐No ☑Missing
	None of the above:	☐Yes ☐No ☑Missing
	Comments:	
	Please specify:	
	Have you participated in a community or cultural activity within the last 12 months:	☐Yes ☐No ☑Missing
	Comments:	

Medication Review

Have the patient's medications been reviewed?	☐Yes ☐No ☑Missing ☐Not on medications

Medication Adherence:	☐ Takes most doses ☐ Takes some doses ☐ Does not take meds ☑ Missing
Identified Problems:	

Cholesterol
(Every 5 years from 35 years
Every 2 years if CV Risk 10-15%
Every year if CV Risk > 15%)

Cholesterol / Trig:	/	***Required for CVR***
HDL / LDL:	/	***Required for CVR***
Total Cholesterol / HDL ratio:		***Required for CVR***
Cardio vascular risk (CVR)		

Known Health Problems

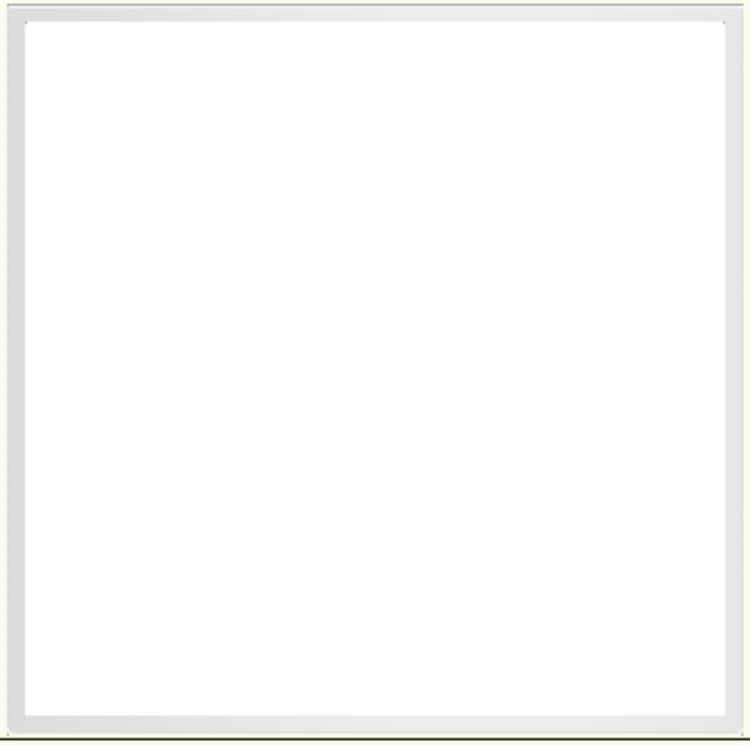
	☐ Asthma	☐ Hepatitis B	☐ Type 2 Diabetes ***Required for CVR***
	☐ Cerebrovascular Disease	☐ Hepatitis C	
	☐ Chronic Kidney Disease	☐ Hypertension	
	☐ COPD	☐ Ischemic Heart Disease	
	☐ Dyslipidemia	☐ Rheumatic Heart Disease	
New diagnosis from this health check:	☐ Yes ☐ No ☑ Missing		
If Yes, please specify:			

Please wait...

EDUCATION

Level completed:	☐ Year 10 or less ☐ Year 11-12 ☐ TAFE ☐ University ☐ Not stated ☐ Missing
Comments:	

HEALTH CHECK SUMMARY



Current Health Check Summary

ACTIONS	
Brief Interventions:	☐ Nutrition ☐ Physical Activity ☐ Teeth ☐ Smoking ☐ Substance Abuse ☐ Alcohol
Comments:	
Advice:	☐ Yes ☐ No ☑ Missing
Comments:	
Medications:	☐ Yes ☐ No ☑ Missing
Comments:	

Immunisation:	☐ Yes ☐ No ☑ Missing
Comments:	
Referrals:	☐ Yes ☐ No ☑ Missing
If Yes, for which services?	☐ Audiologist/Australian Hearing ☐ Cardiologist ☐ Dentist ☐ Dietitian ☐ Exercise Group ☐ Ophthalmologist ☐ Optometrist ☐ Physiotherapist ☐ Psychologist ☐ Social Worker ☐ Other
Comments:	
Action List	

Health Check Saved by:

Doctor: Jigna Joshi

Nurse:

Health Check Updated by

Jigna Joshi (System Administrator) **on** 30/08/2016 3:10:12 PM