



# Vhi LiveWell Questionnaire

Please complete **Personal Information** and **Participant Questions** before your appointment

## Personal information (please complete in BLOCK CAPITALS)

First name:

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Surname:

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Date of birth:

Gender: Male  Female

Contact email address:

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Contact number:

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Home postal address:

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Company name:

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General Practitioner (GP):

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GP address:

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Date of screening:

Full name:  
(Please Complete In Advance)

Date of birth:

## PARTICIPANT QUESTIONS

### Physical activity

On a scale of 1-5, how active are you **in your spare time**? 1 = Physically inactive, 5 = Extremely active

1  2  3  4  5

On a scale of 1-5, how active are you in your role **at work**? 1 = Physically inactive, 5 = Extremely active

1  2  3  4  5

1 = less than 30 minutes of physical activity once a week, 4 = 30 minutes of physical activity 5 times a week or 150 minutes of moderate physical activity throughout the week, 5 = more than 150 minutes of moderate physical activity throughout the week.

### Alcohol

Example of a standard drink: A pub measure of spirits (35.5ml); small glass of wine (12.5% vol); half-pint of normal beer (2 standard drinks in a pint); alcopop (275ml)

How many standard drinks do you drink per week?

If you only drink occasionally, please put down a weekly average e.g. 8 standard drinks once a month is the equivalent of 2 a week.

How often do you have six or more standard drinks on one occasion?

Never  Less than monthly  Monthly  Weekly  Daily or almost daily

### Drug use (including illegal drug use and the use of prescription drugs other than as prescribed)

Have you ever felt that you ought to cut down on your drug use? Yes  No

### Smoking

Do you smoke? Yes  No  Ex-smoker

How many do/did you smoke per day?

If you only smoke occasionally, please put down an average number e.g. 20 cigarettes once a month is less than 1 per day

What year did you start smoking?

If you have given up, when did you give up? (Year)

Do you use e-cigarettes? Yes  No

Full name:  
(Please Complete In Advance)

Date of birth:

### Wellbeing

On scale of 1-10 how stressed are you? 1 = Not stressed 10 = Extremely stressed

1  2  3  4  5  6  7  8  9  10

### Your Medical History

Diabetes Yes  No  High blood pressure Yes  No  Heart attack/angina Yes  No

Stroke or TIA Yes  No  Details:

Other heart or cardiovascular condition Yes  No  Details:

Any other medical conditions Yes  No  Details:

Are you taking any regular medication? Yes  No  Details:

Have you ever fainted during medical tests before? Yes  No  Details:

Are you in pain anywhere right now? Yes  No  If so, where?

Can pain ever keep you from sleeping at night, or keep you from participating in activities you enjoy? Yes  No

Are you in pain every day? Yes  No  If yes, what would you rate your pain on a scale of 1-10?  Details:  
1 = Very mild  
10 = Extreme pain

### Family Medical History

Family history of heart disease Yes  No  Family history of stroke or TIA Yes  No  Family history of diabetes Yes  No

**Thank you; please proceed to your health screening.**

### FOR COMPLETION BY NURSE

#### TEST RESULTS

Height  cm Weight  Kgs Waist  cm BMI

Blood Pressure: Systolic  Diastolic

Pulse Rate: HbA1c:

Total Cholesterol: HDL: LDL: Triglycerides:

Continued overleaf

Full name:  
(Please Complete In Advance)

Date of birth:

### FOR COMPLETION BY NURSE *Continued*

#### TEST RESULTS *Continued*

Has member fasted (not required to fast)? Yes  No  How long have they fasted?

Are there any risk factors that put the person at increased risk of slips, trips or falls?  
(e.g. reduced mobility, history of fainting/falling, vision impaired, obese) Yes  No

Record if any extra precautions taken:

Does participant show willingness and understanding to act on lifestyle advice given? Yes  No

#### WELLBEING

Subjective Stress Score:

Advised:

#### LIFESTYLE MEASURES DISCUSSED

**Physical Activity** meets recommendations ( $\geq 30$  minutes  $\geq 5$  times a week) Yes  No

Advised:

**Diet and BMI** consistent with healthy eating guidelines Yes  No

Advised:

**Alcohol intake** within recommended safe limits ( $\leq 11$ u/week for women or  $\leq 17$ u/week for men) Yes  No

Advised:

**Smoking** Yes  No

Advised:

**Cholesterol and Lipid profile** within target Yes  No

Advised:

**HbA1c** within target Yes  No

Advised:

#### OTHER COMMENTS

Record if any leaflets given to participant:

Has consent been signed by employee? Yes  No  **Final check:** Is this form fully completed? Yes  No

Referred to GP Yes  No  Vhi Doctor contacted Yes  No

Name of Vhi Doctor & advice given

Signed

Date (DD/MM/YY):

Print name

NMBI number:

If any test is done by a different Nurse the individual entry must be signed and dated.

## LiveWell Screening Consent Form

Please read the information below in full and return this signed consent form to your LiveWell Coordinator.

### About Vhi LiveWell screening services

Vhi LiveWell Screening services are provided and operated by Vhi Health and Wellbeing. LiveWell Screening assesses specific important aspects of your health, it is designed to help identify factors which may cause potential health issues for you in the future, with the aim of giving you and your GP the information necessary to address these and reduce your risk of future problems. The tests we provide have been selected to cause as little discomfort or inconvenience as possible. By taking part in Vhi LiveWell Screening, you will need to provide a finger prick blood sample for the purposes of giving an indicative result for cholesterol and diabetes.

Please read your LiveWell Employee booklet carefully as it contains:

- A description of the tests included.
- Medical inclusion/exclusion criteria as some of the tests are not available to everyone and are subject to medical suitability.
- Instructions to help you prepare for your appointment.

### Informed consent

- I have read and understand the information provided about the service in the LiveWell Employee Booklet
- I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
- I understand that the service is not designed to evaluate established illnesses and results in relation to prior illness
- I understand that the tests performed are not suitable for assessing active medical problems.
- I accept that in the event of an abnormal result the Vhi LiveWell nurse may advise me to follow up with your GP for further management and I will be responsible for acting on that advice
- I accept that a copy of my referral letter will be sent to my nominated GP
- I acknowledge that in the event I don't have a nominated GP, it is my own responsibility to follow up on any advice and abnormal results; Vhi LiveWell has no responsibility to arrange such attendance nor ensure attendance occurs
- I understand that in the event a referral is made to attend the Emergency Department I will be responsible for acting on that advice
- I understand that any follow-up treatment with my GP is not part of the service, but I may be able to submit the receipt as part of an out-patient claim subject to the terms and conditions of my chosen insurance plan.
- I consent to Vhi processing my details for the purpose of providing a LiveWell Screening.

## Data Protection Notice

Vhi Health & Wellbeing DAC of Vhi House, Lower Abbey Street, Dublin 1 (trading as Vhi LiveWell) is the company that controls and is responsible for processing the personal data in the Screening service. It will process your personal data in accordance with the Vhi Data Protection Notice.

If you would like a copy of the Vhi Data Protection Notice it is available at [Vhi.ie/privacy-policy](http://Vhi.ie/privacy-policy), or you can request a copy by calling us on 056 444 4444.

Participant's signature:

Date: