

BESTMED TEMPO - HEALTH RISK ASSESSMENT FORM



TERMS AND CONDITIONS

Introduction

Employees/Individuals will be required to give permission that the Process Manager(s) are allowed access to their personal information in order to advise on interventions required. However, no individual information will be shared with any other party than those the individual gave permission to. Participants will know exactly what information will be used by which party for what purpose and he/she will have to agree to this before registration/participation can be finalised.

Overall - IT System

The registration process is secure by means of a secure https website. We validate registration against HR data from the employer and with a validation e-mail. Employees can be assured of the following:

- Individual data will not be shared with your employer, only aggregated group data (except maybe compliance).
- Individual data will only be shared with medical providers under strict supervision. A provider will only see information that is applicable to the diagnosis he/she has to make and will only see member's data that is assigned to him/her. After the consultation the provider will not be able to view the member's data anymore.

Authorisation To Use

I, irrevocably authorise Bestmed Medical Scheme its successors and assigns, to use in whole or in part my personal information as per the following statement, study(ies), medical history, picture, endorsement or quotation obtained from the following sources:

- Information on confirmation that lifestyle questionnaire was completed -to the Wellness Coordinator as well as other personal details such as contact number, office location - in order for her to schedule an appointment for the biometric screening.
- Analyse lifestyle data as provided in order to provide participant of risk classification report. Report will be generated per programme and forwarded to participant.
- Include individual results (anonymous) in group report that will be discussed and analysed by the Health Committee.

I furthermore authorise that my individual results and biometric data may be shared/provided to the healthcare providers /network providers, for inter alia research purposes as part of the intervention programme.

This authorisation shall be an exclusive authorisation in relation to such statement, study, personal information, medical history, picture, endorsement or quotation and shall be valid for the circumstances as explained to me by the Coordinator.

Signature of member

D	D	M	M	Y	Y	Y	Y
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Date

1. PERSONAL PARTICULARS

Title	<input type="text"/>
First name	<input type="text"/>
Surname	<input type="text"/>
ID number	<input type="text"/>
Employer	<input type="text"/>
Branch	<input type="text"/>
Tel number	<input type="text"/>
Cellular number	<input type="text"/>
E-mail	<input type="text"/>
Membership number	<input type="text"/>

2. LIFESTYLE

Please answer the following questions by indicating with and "X" in the appropriate column:

2.1. What is your age?		
2.2. What is your gender?	M	F
2.2.1. If female: Are you currently pregnant?	Yes	No
2.3. Do you currently or have you ever smoked? (including cigarettes, cigars, pipe or other forms of tobacco intake)	Yes	No
2.3.1. For how many years have you smoked in total (please add up all the years even if you have since quit smoking completely)	Number	
2.3.2. Describe your smoking exposure by giving an estimate of the number of cigarettes you smoked on average per day during all the time that you smoke cigarettes. If you did not smoke cigarettes, choose zero for a number.	Number	
2.4. Have you been diagnosed with sugar diabetes?	Yes	No
2.4.1. If yes: Are you currently taking medication for your diabetes?	Yes	No
2.5. Have you been diagnosed with high cholesterol or blood fats?	Yes	No
2.5.1. If yes: Are you currently taking medication for high blood fats?	Yes	No
2.6. Have you been diagnosed with high blood pressure, have you or are you taking hypertension treatment?	Yes	No
2.6.1. If yes: Are you currently taking medication for high blood pressure?	Yes	No
2.7. Have you been diagnosed with chronic kidney disease?	Yes	No
2.8. Have you been diagnosed with ischaemic heart disease or blocking of your heart's blood vessel?	Yes	No
2.8.1. If Yes: Are you currently taking any medication for heart disease?	Yes	No
2.9. Has diabetes been diagnosed in your own parents, brothers or sisters?	Yes	No
2.10. Have any of your close family members been diagnosed with high cholesterol or blood fats?	Yes	No
2.11. Do any of your close relatives suffer from angina, ischemic heart disease, blocked heart vessels?	Yes	No
2.11.1. If Yes: Did their heart problems begin before the age of 50?	Yes	No

2.12. Has anyone in your close family been diagnosed or treated for high-blood pressure?	Yes	No
2.13. Have you ever suffered from chest pains brought on by exertion and relieved by rest, or had an abnormal ECG with chest pain or a diagnosed of angina?	Yes	No
2.14. Did you ever have a high blood sugar test result, e.g. on a health day or in a doctor's rooms?	Yes	No

Please answer the following questions by indicating with an "X" in the appropriate column:

2.15. An activity session is defined as 30 minutes of exercise breathing hard or that causes you to sweat. How often do you exercise?	
I don't exercise on a regular basis	
Less than twice a month	
About once a week on average	
2-3 Days a week	
4 Days or more per week	

2.16. Please describe your daily work routine	
I have a desk job, with just the normal breaks	
It's about 50/50 for sitting as opposed to walking or standing	
I am moving around or standing most of my day	

2.17. Please look at each of the food descriptions and tick the box that best reflects your average weekly consumption

	Never	Occasion-ally	Once a week or so	2-3 times a week	4-5 times a week	Everyday
2.17.1. Fish, chicken, beans, lentils, legumes						
2.17.2. Red meat e.g. beef, mutton, lamb						
2.17.3. Processed foods like salami, viennas, bacon, ham, canned meat, sausages						
2.17.4. Soft drinks containing sugar						
2.17.5. Two portions of fruit per day						
2.17.6. Two portions of vegetables per day						
2.17.7. Fried, deep fried or high fat food (including things like adding mayonnaise to meals or cream to coffee)						
2.17.8. Sweets, chocolates bars, dessert confectionary						

Please answer the following questions by indicating with an "X" in the appropriate column:

2.18. How would you describe your salt intake?	
I don't add salt when cooking or eating	
I occasionally add salt when cooking or eating	
I always add salt when I am cooking and/or eating	
I really like salt and salty foods and add salt to all my food	

2.19. My average daily water intake equals:	
500ml or less	
Between 500ml and 1 liter	
Between 1 and 2 liters	
More than 2 liters	

2.20. Please match each of the following statements below to the closest description:

	Never	Occasionally	Once a week or so	At least twice a week	Everyday
I frequently bring work home at night, the day is too short for what I need to get done / Feel that I face too many deadlines that I can't meet					
I deny, postpone or ignore problems that put pressure on me					
I do the jobs myself to ensure they are done properly					
My self confidence / self-esteem is lower than I would like it to be					
I frequently have guilty feelings if I relax and do nothing / I feel that I can't relax because I keep thinking of current, past or even possible future problems					
I feel fatigued or tired even when I wake after an adequate sleep					
I feel irritated or angry if the car or traffic in front are going too slowly / I become very frustrated at having to wait in a queue / I even find that I eat or walk or do things in a hurry					
I experience mood swings, find it difficult to make decisions, my concentration and memory is not what it should be					
At times I find it difficult to make decisions, my concentration and memory is not what it should be					
At times I find that I'm not really listening to others, but that I am preoccupied with my own thoughts instead					
I have more muscle aches and pains especially in my neck, head, lower back, shoulders					
I need caffeine, vitamins and stimulants more and more to keep me going or alcohol to help me relax					
I find that I don't have time for other interests / hobbies outside of my work					

3. BIOMETRICS

3.1. Blood pressure: Systolic

3.2. Blood pressure: Diastolic

3.3. Total cholesterol (Random)

3.4. Glucose (Random)

3.5. Height (cm)

3.6. Weight (kg)

3.7 When was your last meal?

In the last 1-2 hours

3-5 hours ago

6 hours or more

3.8 Was your last meal fatty or oily?

Yes

No

3.9 Did your last meal contain a lot of sugar?

Yes

No