# The Wycliffe Medical Practice
# Annual Review Questionnaire

In order to provide you with the best possible care, it is helpful if you can provide the following information.

| **Name** | **Date of Birth** | **Today's Date** |
|---|---|---|

**Please fill in this information at home or go to the Health Information Room as soon as you arrive at the surgery:**

What is your height? _____

What is your weight? _____

What is your waist circumference? _____

Blood pressure _____

Pulse rate _____

If you monitor your blood pressure at home, please bring 10 readings done over the course of 5 days as these tend to be more accurate than surgery readings.

**Is your general health:**

☐ about the same ☐ getting better ☐ getting worse

**Do you smoke?** ☐ YES ☐ NO

If YES – how many cigarettes do you smoke per day? _____

If you do not smoke now, have you ever smoked? ☐ YES ☐ NO

If so, how many did you smoke and when did you stop? _____

We always encourage our patients who smoke to stop smoking.
For help and advice please call Quit 51 on 0800 622 6968 or Text smokefree to 66777

**Do you ever have a drink that contains alcohol?** ☐ YES ☐ NO

If YES – please complete page 2 of this questionnaire

**Do you take 'over the counter' Aspirin every day?** ☐ YES ☐ NO

**Over the last two months have you felt depressed or low in mood?**

☐ Yes. If yes, please give details _____

☐ No.

**Do you or your family have any concerns about your memory?**

☐ Yes. If yes, please book an appointment with a doctor.

☐ No.

**Describe your level of breathlessness related to the activities below (please tick only one)**

☐ Not troubled by breathlessness

☐ Not troubled by breathlessness except on strenuous exercise

☐ Short of breath when hurrying or walking up a slight hill

☐ Walks slower than contemporaries on level ground because of breathlessness, or has to stop for breath when walking at own pace

☐ Stops for breath after walking about 100m or after a few minutes on level ground

☐ Too breathless to leave the house, or breathless when dressing or undressing

# Alcohol Questionnaire

**If you drink alcohol please answer the following questions.**

This quesionnaire refers to standard alcoholic drinks.

A standard drink containing one unit of alcohol is:

- ½ a pint of regular beer, lager or cider
- 1 small glass of wine
- 1 single measure of spirits
- 1 small glass of sherry
- 1 single measure of aperitifs

| Questions | Answers | | | | |
|---|---|---|---|---|---|
| How often do you have a drink that contains alcohol? | Never | Monthly or less | Once a month | 2-3 times per week | 4+ times per week |
| How many standard alcoholic units do you have on a typical day when you are drinking? | 1-2 | 3-4 | 5-6 | 7-9 | 10+ |
| How often do you have 6 or more units on one occasion? | Never | Less than monthly | Monthly | Weekly | Daily or almost |

| | | | | | |
|---|---|---|---|---|---|
| How often in the last year have you found that you were not able to stop drinking once you have started? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| How often in the last year have you failed to do what was expected of you because of drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| How often in the last year have you needed an alcoholic drink in the morning to get you going? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| How often in the last year have you had a feeling of guilt or regret after drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| How often in the last year have you not been able to remember what happened when drinking the night before? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| Have you or someone else been injured as a result of your drinking | No | | Yes, but not in the last year | | Yes, during the last year |
| Has a relative/friend/doctor or health worker been concerned about your drinking or advised you to cut down? | No | | Yes, but not in the last year | | Yes, during the last year |

| | | |
|---|---|---|
| Would you like information or advice about alcohol consumption? | ☐ Yes | ☐ No |