Health Risk & Preventive Care Assessment
會員健康風險及疾病預防評估問卷

Allied Pacific IPA

Member Name 姓名: _____ Member ID 會員號碼: _____

Date of Birth 生日: _____ Date of Service 就診日期: _____

I feel my overall health condition is 我認為我的健康狀況 ☐ Excellent 很好 ☐ Good 好 ☐ Fair 普通 ☐ Poor 很差

Please circle "True" or "False" as the preceding statement pertains to you and speak with your doctor if you have any questions.
請儘量答覆本表格的所有問題. 如果有疑問，請詢問醫生。請在右邊圈選正確答案"是"或"否"。

Diet 飲食習慣			
1.	I eat three balanced meals a day that includes fruits, vegetables, grains and calcium rich foods. 我三餐固定，營養均衡。每天都有攝取蔬菜、水果、穀物及高纖高鈣食品。	True 是	False 否
2.	I limit eating fried or fast foods. 我有節制食用油炸食品或速食。	True 是	False 否
3.	I seldom drink soda, juice drink, sports or energy drink. 我很少喝蘇打飲料、果汁飲料、運動或能量飲料。	True 是	False 否
4.	I have gained or lost over 10 lbs. in the last 6 months. 最近6個月來，我的體重有增加或減少超過10磅。	True 是	False 否
Physical Activity 活動能力			
5.	I exercise. 我有運動。	True 是	False 否
	If you answered "True" to question 5, please answer the following questions a, b, and c: 如果你有運動，請回答 a, b, 和 c 問題: **a.** How many days a week do you exercise? 每星期運動幾天? ☐ 1 to 2 days 一至兩天 ☐ 3 to 4 days 三至四天 ☐ 5 to 7 days 五至七天 **b.** How long do you exercise? 每次運動多久? ☐ <30 Mins (30 分鐘以下) ☐ >30 Mins (30 分鐘以上) ☐ 1 hour (一小時) ☐ ≥ 1 hr (多於一小時) **c.** What do you do for exercise? 做那一種運動？☐ Walking 走路 ☐ Jogging 慢跑 ☐ Tai-Chi 太極 ☐ Swimming 游泳 ☐ Gardening 園藝 ☐ Other 其他 _____		
Continence 尿失禁評估			
6.	I have problems with urinating. 我排尿有問題。	True 是	False 否
	If you answered "True" to question 6, why do you have trouble with urinating? 如答 "是",原因是: ☐ Leaking 漏尿 ☐ Frequent trips 常跑廁所 ☐ Other 其他_____		
7.	I can exercise self-control over urination and defecation. 我可以完全控制小便或大便，沒有尿失禁或大便失禁的問題。	True 是	False 否
8.	I have frequent urinary tract infections (more than 2 times a year). 我常常有尿道感染(一年超過兩次)。	True 是	False 否
9.	I have been diagnosed with an enlarged prostate. 我被診斷過有攝護腺問題。	True 是	False 否
Home & Safety 居家安全			
10.	I feel safe where I live. 我的居住環境很安全。	True 是	False 否

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11.	I have experienced physical violence such as being hit or kicked. 我經歷過家庭暴力，如被打耳光或被毆打。	True 是	False 否
12.	I own a gun. 我擁有槍枝。	True 是	False 否
	If you answered "True" to question 12, do you keep your gun in a safe place? 如果擁有槍，你是否將槍保管在很安全的地方？	Yes 是	No 否
13.	I drive cautiously, always wear a seat belt while sitting in a car, and have not had a car accident in the past year. 我開車小心，每次都有繫安全帶，並且過去一年都沒有駕駛意外。	True 是	False 否
Fall Risk, Vision & Hearing Problems 跌倒風險、視力與聽力問題			
14.	I have fallen in the past 12 months. 過去一年我有跌倒過。	True 是	False 否
	If you answered "True" to statement 14, please answer the following questions a, b, and c: 如答 "是"，請回答 a, b, 和 c 問題: **a**. How many times did you fall? 一年內跌倒幾次？ ☐ 1 time 一次 ☐ 2 or more times 兩次以上 **b**. Did your fall cause a fracture or serious injury? 跌倒是否造成骨折或嚴重傷害? ☐ Yes. Explain the injury: 如有, 什麼傷害? _____ ☐ No 沒有 **c**. Reason(s) for your fall: 跌倒原因是: ☐ Fainted 昏倒 ☐ Dizziness 頭暈 ☐ Difficulty walking 走路困難 ☐ Weak muscle 肌肉無力 ☐ Poor vision 視力不良 ☐ Lost Balance 失去平衡 ☐ Tripped 絆倒 ☐ Other reason(s) 其他原因 _____		
15.	I have safety bars installed in my bathroom. 我的浴室裝有安全把手。	True 是	False 否
16.	My vision and hearing changed a lot in the past 12 months. 我的視力和聽力在過去 12 個月有很大的變化。	True 是	False 否
Oral Health and Lifestyle 口腔衛生和生活形態			
17.	I have problems with my oral health. 我有口腔或牙齒的問題。	True 是	False 否
	If you answered "True" to statement 17, why? 如答 "是"，為什麼? ☐ Cavities 蛀牙 ☐ Periodontal Disease 牙周病 ☐ Dentures 假牙 ☐ Other 其他 _____		
18.	I can chew and swallow easily. 我沒有咀嚼或吞嚥的困難。	True 是	False 否
19.	I have problems sleeping at night. I get _____ hours of sleep a day. 我有睡眠問題。我一天睡 _____ 小時。	True 是	False 否
20.	I take drugs or medicines to help me sleep, feel better, or lose weight. 我有使用藥物來幫助我睡眠、放鬆心情或減肥。	True 是	False 否
21.	I have smoked/chewed tobacco.	True	False

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	我有抽過煙或嚼煙草。	是	否
	If you answered "True" to statement 21, please answer the following questions a and b: 如答 "是", 請回答 a 和 b 問題: **a.** ☐ I smoke. 我抽煙。I have smoked since I was _____ years old. 我從 _____ 歲開始抽煙。 **b.** ☐ I smoked but quit in ____ , ____ (month, year). 我曾經抽煙, 已在 _____ 年_____ 月戒煙。		
22.	There are smokers in my home. 我家裏有人抽煙。	True 是	False 否
23.	I drink alcohol. 我有喝酒。	True 是	False 否
	If you answered "True" to question 23, how many glasses do you drink a day? 如答 "是", 你一天喝幾杯酒？ ☐ < 2 glasses 不超過2杯 ☐ > 2 glasses 超過2杯 ☐ 其他 _____		
24.	My partner and/or I have sexually transmitted disease(s). 我和我的伴侶都有性病。	True 是	False 否
25.	My partner and/or I have more than one sex partner 我和我的伴侶有超過一個性對象。	True 是	False 否
26.	My partner and I always use a condom when we have sex. 我和我的伴侶每次性交都會使用保險套。	True 是	False 否
27.	I have been forced to have sex. 我有被強迫過與人發生性關係。	True 是	False 否
Functional Status Assessment 日常生活狀態評估			
28.	I can take care of my daily living activities such as eating, toileting, bathing, dressing, walking, etc. 我可以照顧自己的生活, 包括吃飯、上廁所、洗澡、穿衣、自由行走等。 If you answered "False", why? 如果不可以, 原因是 _____	True 是	False 否
29.	I can handle jobs like doing laundry, cooking, paying bills, using the telephone, driving or taking buses, shopping, etc. 我可以做一般家務包括洗衣、做飯、付帳單、打電話、開車／搭公車及逛街等。 If you answered "False", why? 如果不可以, 原因是 _____	True 是	False 否
30.	I have trouble remembering important things such as taking my medications on time. 我有嚴重的記憶問題, 我會忘記按時服用藥物。	True 是	False 否
Chronic Pain Assessment 慢性痛症評估			
31.	I have chronic pain. 我有慢性疼痛。	True 是	False 否

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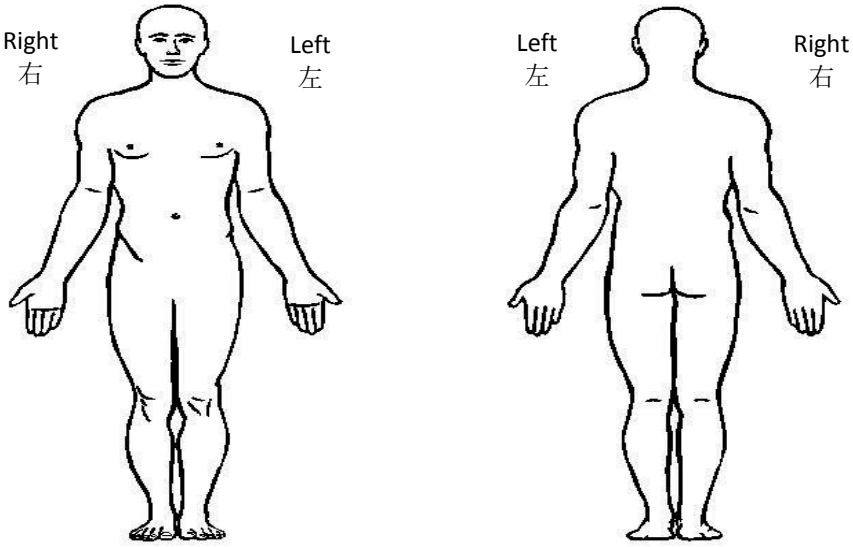
If you answered "True" to question 31, please answer the following questions a-e:
如答 "是", 請回答 a 至 e 問題:

a. Please mark where it hurts on your body on the diagram. 請在人形圖上標示出疼痛部位。

☐ Head 頭
☐ Neck/Shoulder 肩頸
☐ Hand/Arm 上肢
☐ Chest 胸
☐ Back 背
☐ Abdomen 腹部
☐ Legs/Thighs 下肢
☐ Other 其他部位
_____



b. Intensity 疼痛程度: ☐ Mild (1-3) 輕微 ☐ Moderate (4-6) 中等 ☐ Severe (7-10) 劇烈

c. Frequency 頻繁度: ☐ Rarely 很少 ☐ Frequently 經常 ☐ Daily 每天

d. For how long have you experienced this pain? 痛多久了? Years 數年 _____ Months 數月 _____

e. Describe your pain. 怎麼個痛法?

☐ Sharp 刺痛 ☐ Dull 頓痛 ☐ Throbbing 陣陣跳痛 ☐ Burning 灼痛 ☐ Other 其它 _____

Cancer Screenings 癌症預防篩檢			
32.	Have you had a colonoscopy in the past 10 years? 您在10年內是否做過大腸鏡? If yes, when and where? Month/Year _____ Facility_____ 如果做過, 什麼時候?(年/月)_____ 在那家醫院或外科中心? _____	Yes 是	No 否
33.	For females, have you had a mammogram in the past 2 years? 女性請回答, 您在兩年內是否做過乳房放射攝影? If yes, when and where? Month/Year _____ Facility_____ 如果做過, 什麼時候?(年/月)_____ 在那家檢驗中心? _____	Yes 是	No 否

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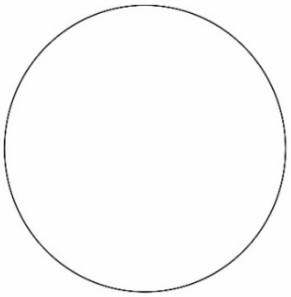
34.	Cognitive Assessment 認知評估
Please arrange the hours 1-12 on the circle to create a clock and draw the hands to 11:10 in the box. 請在右邊畫出一個時鐘, 標明 1 到 12 點, 時間顯示在 11 點 10 分。	

	Family and Friends Support 親友援助		
35.	If needed, I have someone to take care of my daily living. 如果有需要, 我有親友可以幫忙照料我的起居生活。	True 是	False 否
36.	I have someone to help me make decisions about my health and medical care. 我有朋友或親人可以幫助我做健康和醫療方面的決定。 Name 姓名: _____Phone 電話: _____	True 是	False 否
37.	I have someone to call when I need help in an emergency. 在緊急情況下我需要幫助時, 我有朋友或親人可以聯絡。 Name 姓名: _____Phone 電話: _____	True 是	False 否
	Advanced Directive 醫療指示		
38.	Have you ever completed an Advanced Care Plan? 您有預設醫療指示嗎？	Yes 是	No 否
	If you marked "No", do you want to receive one? *Please ask your PCP for materials 如果沒有, 您想得到有關資料嗎? *請向你家庭醫生索取資料	Yes 是	No 否

Primary Care Physicians (PCP) Printed Name: _____ Title: M.D. / D.O.

*PCP's Signature 家庭醫生簽名:	**Member's Signature 會員簽名:	Date 日期:

*** I have reviewed this questionnaire with my patient and will schedule a follow up as needed.**
我已經和我的病人一起審查了這份調查問卷, 如有需要會安排跟進檢查。

*** I understood the above questionnaire and received education and counseling from my Primary Care Physician.**
我瞭解上述問卷並收到主治醫生提供的健康資詢與教育。

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Depression Screening (PHQ-9) 憂鬱症篩檢調查

	Over the last 2 weeks, how often have you been bothered by any of the following problems? 在過去的两個星期, 你有多少次被以下問題困擾?	Not at all 完全沒有	Several Days 少於 7 天	More Than Half the Days 多於 7 天	Nearly Everyday 幾乎每天
1	Little interest or pleasure in doing things 不管做什麼事都提不起勁來或沒有興趣去做	0	1	2	3
2	Feeling down, depressed, or hopeless 感覺心情低落、憂鬱、或是絕望	0	1	2	3
3	Trouble falling or staying asleep, or sleeping too much 無法入睡或保持入眠，或者是睡得太多	0	1	2	3
4	Feeling tired or having little energy 覺得很累或是沒有精神	0	1	2	3
5	Poor appetite or overeating 沒有食慾或是食量大增	0	1	2	3
6	Feeling bad about yourself - or that you are a failure or have let yourself or your family down 經常覺得愧疚，或是覺得自己拖累了自己或家人	0	1	2	3
7	Trouble concentrating on things, such as reading the newspaper or watching television 無法集中注意力，如看報紙或看電視時會分心	0	1	2	3
8	Moving or speaking so slowly that other people could have noticed or being so fidgety or restless that you have been moving around a lot more than usual 講話或行動速度變慢，慢到其他人都有注意到。或您變得不安、焦躁並且動得比平常更多	0	1	2	3
9	Thoughts that you would be better off dead or of hurting yourself in some way 想過要傷害自己，或甚至覺得也許死掉會比較好	0	1	2	3
	1-4 Minimal Depression, 5-9 Mild Depression, 10-14 Moderate Depression, 15-19 Moderately Severe Depression, 20-27 Severe Depression	**TOTAL** **總分:**			

10	If you circle any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people? 如果你圈出了任何問題，這些問題對於繼續你的工作，照顧家裡的事和社交產生了多大的困擾和阻力?	Not difficult at all 完全沒有困擾和阻力	☐
		Somewhat difficult 有一些困擾和阻力	☐
		Very difficult 非常困擾，有很大阻力	☐
		Extremely difficult 極度困擾，有極大阻力	☐

Doctor Name: _____ Doctor Signature: _____ Date: _____

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