



16196

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VITAL DIET, PHYSICAL FUNCTION, AND FAMILY HISTORY FORM

Please complete your date of birth (mo/day/yr):

[Date of birth input boxes]

Office use:

[Office use bubble grid]

1. Do you currently take multi-vitamins? No Yes

a. How many do you take per week? 2 or fewer 3-5 6-9 10 or more

b. What specific brand (or equivalency) do you usually use? (Please specify exact Brand and Type).

- Centrum Silver
- Centrum
- Other →
- Theragran M
- One-A-Day Essential

Ex: AARP Alphabet II Formula 643 Multivitamin & Minerals

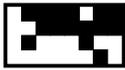
2. Please mark the appropriate bubble for any other supplements (below) that you take on a regular basis:

- Metamucil/Citrucel
- Flax seed
- Chromium
- Evening primrose
- Lycopene
- Niacin
- Vitamin B12
- Beta-carotene
- Lecithin
- Folic acid
- DHEA
- Vitamin C
- Flax seed oil
- Magnesium
- Coenzyme Q10
- B-complex
- Iron
- Vitamin E
- Melatonin
- Choline
- Gingko biloba
- Glucosamine/Chondroitin

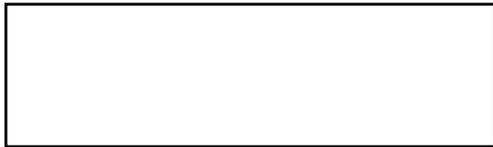
3. Please fill in your AVERAGE total use, during the PAST YEAR, of each specified food. Please try to average your seasonal use of foods over the entire year. For example, if a food such as cantaloupe is eaten 4 times a week during 3 months that it is in season, then the AVERAGE total use would be once per week over the year.

AVERAGE USE LAST YEAR

DAIRY FOODS		Never, or less than once per month	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day
Milk (8 oz. glass)	Skim milk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1 or 2% milk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Whole milk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Soy milk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is your milk fortified with omega-3? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't know										
Cream, e.g., coffee, whipped or sour cream (1 Tbs)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-dairy coffee whitener (1 Tbs)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frozen yogurt, sherbet or low-fat ice cream (1 cup)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regular ice cream (1 cup)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yogurt (1 cup)	Low-carb, artificially sweetened or plain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Sweetened with fruit or other flavoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Margarine (pat), added to food or bread; exclude use in cooking		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is your buttery spread or margarine fortified with omega-3? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't know										
Is your buttery spread or margarine fortified with flax oil? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't know										
Butter (pat), added to food or bread, exclude use in cooking		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cottage or ricotta cheese (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cream cheese (1 oz.)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other cheese, e.g., American, cheddar, etc., plain or as part of a dish (1 slice or 1 oz. serving)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What type of cheese do you usually eat? <input type="radio"/> Regular <input type="radio"/> Low fat or lite <input type="radio"/> Nonfat <input type="radio"/> None										

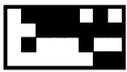


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VITAL DIET, PHYSICAL FUNCTION, AND FAMILY HISTORY FORM

EGGS, MEAT		Never, or less than once per month	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+
Eggs	Omega-3 fortified including yolk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Regular eggs including yolk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beef, lamb or pork as a main dish, e.g., steak, roast, ham, or chops (4-6 oz.) or as a sandwich or mixed dish, e.g., stew, casserole, lasagna, etc.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beef or pork hot dogs (1), bacon (2 slices), sausage (2 oz. or 2 small links), salami, bologna, or other processed meats		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hamburger (1 patty)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chicken/turkey sandwich or frozen dinner		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other chicken or turkey, with or without skin (3 oz.)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chicken or turkey hot dogs (1)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SEAFOOD		Never, or less than once per month	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+
Canned tuna fish (3-4 oz.)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breaded fish cakes, pieces, or fish sticks (1 serving store bought)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shrimp, lobster, scallops as a main dish		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dark meat fish, e.g., mackerel, salmon, sardines, bluefish, swordfish (3-5 oz.)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other fish, e.g., cod, haddock, halibut (3-5 oz.)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BEVERAGES		Never, or less than once per month	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+
Beer, regular (1 glass, bottle, can)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Light Beer, e.g., Bud Light (1 glass, bottle, can)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Red wine (5 oz. glass)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White wine (5 oz. glass)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liquor, e.g., vodka, gin, etc. (1 drink or shot)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tea with caffeine (8 oz. cup), including green tea		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decaffeinated coffee (8 oz. cup)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coffee with caffeine (8 oz. cup)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MISCELLANEOUS		Never, or less than once per month	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+
Cold breakfast cereal (1 cup) fortified calcium/vit D		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cold breakfast cereal (1 cup) not fortified		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peanut butter (1 Tbs.)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is your peanut butter fortified with omega-3? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't know										
Oil used for food prep - soybean or canola (1 Tbs.)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oil used for food prep - NOT soy or canola (1 Tbs.)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walnuts (1 oz.)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pizza (2 slices)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salad dressing		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Type of salad dressing <input type="radio"/> Nonfat <input type="radio"/> Low-fat <input type="radio"/> Olive oil <input type="radio"/> Other vegetable oil										



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VITAL DIET, PHYSICAL FUNCTION, AND FAMILY HISTORY FORM

FRUITS AND VEGETABLES		Never, or less than once per month	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+
		per month	per month	per week	per week	per week	per day	per day	per day	per day
Orange juice (small glass)	Calcium / vitamin D fortified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Regular (not calcium / vit D fortified)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is your orange juice fortified with omega-3?		<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Don't know						
Other fruit juices (small glass), e.g., apple, grape, grapefruit juices (not fruit flavored drinks)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fruit, fresh, frozen or canned (not juices or dry fruits)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tomato, V-8 or other vegetable juice (small glass)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tomato sauce (1/2 cup), e.g., spaghetti sauce		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salsa, picante or taco sauce (1/4 cup)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Green salad, with or without other vegetables, e.g., green leafy or lettuce salad, spinach salad		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beans, baked or dried (1/2 cup) (not green beans)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other vegetables, raw, cooked, frozen or canned, e.g., tomatoes, green beans, green peas, broccoli, cabbage, carrots, corn, kale, peppers, celery, sweet potatoes (not other kind of potatoes)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tofu, soy burger, soybeans, miso, other soy protein		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Please answer the following if you have had an unintentional fall (coming to the rest on the ground, floor or lower surface). If you have never had a fall, please skip to question #5.

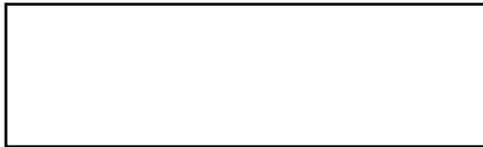
- a. Number of falls in the PAST YEAR: None 1 2 3 or more
- b. How many of these falls caused an injury and limited your regular activity for at least a day or made you see a doctor:
 None 1 2 3 or more
- c. Were you evaluated or admitted to the hospital following any of the injuries? No Yes

5. These questions are about a typical day's activities. Does your health now limit you in these activities, and, if so, how much? Please answer for each item.

	NO, not limited at all	YES, limited a little	YES, limited a lot
a. Vigorous activities such as running, lifting heavy objects, or strenuous sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Moderate activities such as moving a table, vacuuming, bowling, or golf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Lifting or carrying groceries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Climbing several flights of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Climbing one flight of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Bending, kneeling, stooping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Walking more than a mile	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Walking several blocks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Walking one block	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Bathing or dressing yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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VITAL DIET, PHYSICAL FUNCTION, AND FAMILY HISTORY FORM

6. The next questions ask about how much help (if any) you need to do routine activities for yourself. Help is defined as getting assistance from another person or using a device. Please answer for each item.

	By myself without help	With some help	Completely unable to do this by myself
a. Can you feed yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Can you dress and undress yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Can you get in and out of bed by yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Can you take a bath or shower?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Did your mother or father ever have a heart attack? IF YES, please indicate at what age?

Mother	<input type="radio"/> No	<input type="radio"/> Don't know	<input type="radio"/> Yes → At what age?	<input type="radio"/> Before 65	<input type="radio"/> 65 or older	<input type="radio"/> Don't know
Father	<input type="radio"/> No	<input type="radio"/> Don't know	<input type="radio"/> Yes → At what age?	<input type="radio"/> Before 60	<input type="radio"/> 60 or older	<input type="radio"/> Don't know

8. Did any of your blood relatives (father, brother, mother, or sister) ever have any of the diseases that are listed in the left column? A blood relative does not include relatives by marriage only. For each disease, please indicate if "none" or the specific relative who had the diagnosis or "don't know".

	No	Father	Any brother	Mother	Any sister	Don't know
a. Diabetes	<input type="radio"/>					
b. Hip fracture	<input type="radio"/>					
c. High blood pressure	<input type="radio"/>					
d. Lung cancer	<input type="radio"/>					
e. Colon, rectal, large-bowel cancer	<input type="radio"/>					
f. Breast cancer (female only)	<input type="radio"/>					
g. Prostate cancer (male only)	<input type="radio"/>					

9. In the past year, how many colds have you had? (Cold=an illness that included at least one of the following: runny nose, nasal stuffiness, sore throat, cough)

None 1-2 3-5 6-10 11 or more

10. In the past year have you

a. Been told by a physician that you have urinary tract or kidney infection	<input type="radio"/> No	<input type="radio"/> Yes
b. Been told by a physician that you have eczema, including atopic dermatitis	<input type="radio"/> No	<input type="radio"/> Yes
c. Been told by a physician that you have skin infection, including cellulitis	<input type="radio"/> No	<input type="radio"/> Yes
d. Received influenza vaccine (seasonal flu shot)	<input type="radio"/> No	<input type="radio"/> Yes
e. Received pneumococcus vaccine (Pneumovax)	<input type="radio"/> No	<input type="radio"/> Yes
f. Been treated with an antibiotic for an acute infection	<input type="radio"/> No	<input type="radio"/> Yes
g. Been hospitalized over night for any type of acute infection	<input type="radio"/> No	<input type="radio"/> Yes

Thank you. Please return this form in the pre-paid envelope provided.