|  | **Recommended question** | **Optional prompts** |
| --- | --- | --- |
| **1** | **Do you have a GP?** |  |
| **2** | **Have you had a recent medical check up or been admitted to hospital?** | Blood pressure |
| Pulse |
| Temperature |
| Blood tests |
| Weight |
| Blood sugar levels |
| Skin cancer |
| Pap smear (women) |
| Breast screen |
| Prostate (men) |
| Bowel screen |
| Diabetes |
| **3** | **Have you been diagnosed with a physical health condition?** | Heart problems |
| Asthma |
| Hepatitis |
| Diabetes |
| Cancer |
| Arthritis |
| Thyroid |
| Other |
| **4** | **Are you taking any prescribed or over the counter medication?** |  |
| **5** | **Do you have concerns about these medications?** |  |
| **6** | **Do you have any concerns about your physical health** | Pain |
| Hearing |
| Vision |
| Movement problems |
| Dental |
| Concerns about weight |
| Digestion problems(eg ulcers, heartburn, bowel problems) |
| Skin problems |
| Heart problems |
| Blackouts, dizziness, rapid heartbeat, breathing problems |
| Bladder or kidney problems |
| Hormonal problems |
| Sexual health issues |
| **7** | **Do you have any lifestyle concerns and/or particular stresses in your life?** | Routines |
| Sleep/relaxation |
| Stress |
| Healthy eating |
| Active lifestyle/exercise |
| Weight |
| Smoking |
| Problem drinking or substance use |
| Gambling |
| Social isolation |
| Mood, thoughts or memory |
| Family/caring for others |
| Money |
| Work/education |
| Housing |
| Mental Health |
| Other |