

## General Health Screening Guide

The following health screenings and immunisations (*for individuals without any prior medical problem, family history or risk factors*) are recommended to help you prevent some common diseases, detect their tell-tale signs early and monitor their progress so that you can manage them better.

Whether it is for yourself or another person, it is very useful to keep dates and results of tests and immunisations in a folder with other vital medical records – see The Healthy Health Folder on page 57.

### RECOMMENDED HEALTH SCREENING TABLE

| DISEASE OR CONDITION   | RECOMMENDED AGE FOR SCREENING  | RECOMMENDED FREQUENCY FOR SCREENING                          | SCREENING TEST                  |
|------------------------|--|--|---------------------------------|
| Obesity                | 18 years and above   | Once every year  | Body Mass Index (BMI)           |
| High Blood Pressure    | 40 years and above   | At least once a year or whenever you see your doctor         | Blood Pressure (BP) measurement |
| High Blood Cholesterol | 40 years and above   | Once every 3 years if the first screening is normal          | Fasting blood lipids test       |
| Diabetes               | 40 years and above   | Once every 3 years if the first screening is normal          | Fasting blood glucose test      |
| Colorectal Cancer      | 50 years and above if no other risk factors  | Fecal occult blood test every year                           | Fecal Occult Blood Test (FOBT)  |
|                        | Those who have a family history of colorectal cancer must start screening at an earlier age and with greater frequency | Sigmoidoscopy every 5 years                                  | Sigmoidoscopy                   |
|                        |  | Colonoscopy when either tests positive                       | Colonoscopy                     |
|                        |  | Alternatively, colonoscopy every 10 years starting at age 50 |                                 |

#### FOR WOMEN ONLY

|                 |   |   |   |
|-----------------|---|---|---|
| Cervical Cancer | Sexually active women between 25 – 65 years old | Once every 3 years  | Pap smear   |
| Breast Cancer   | 40 – 49 years                                   | Once every year   | Mammogram   |
|                 | 50 years and above                              | Once every 2 years  |   |
| Osteoporosis    | Women over 50 years or post-menopausal          | Osteoporosis Self-Assessment Tool (OSTA)* Please refer to page 28 | Bone Mineral Density (BMD)* is measured for women at high risk. |

## RECOMMENDED IMMUNISATIONS

| IMMUNISATIONS | RECOMMENDED AGE FOR VACCINATION   | RECOMMENDED FREQUENCY FOR VACCINATION |
|---------------|---|---------------------------------------|
| Influenza     | 65 years and above  | Once a year                           |
| Pneumonia     | 75 years and above  | One vaccination                       |
|               | 40 – 74 years old with Chronic Obstructive Pulmonary Disease (COPD) or chronic problems | Once every 5 years                    |

## Quick Health Questionnaire

(Especially for persons above 65 years of age)

Seniors, especially those above 65 years old, should be alert to symptoms that are too often attributed to mere ageing, e.g. increasing forgetfulness or frequent falls. Use the following checklist to find out if you (or an older person) might need medical attention.

If your answer falls under the 'Positive Screen', it is recommended that you consult a doctor.

### SYMPTOMS

### POSITIVE SCREEN

#### Memory

Request a friend to show you 3 items, put them away and ask you 5 minutes later if you can remember them. Can you recall?

No

#### Urinary Continence

In the last year, have you ever lost control of your urine and wet yourself?

Yes

If yes, have you lost control over the past week?

Yes

#### Depression

Do you often feel sad or depressed?

Yes