

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

SYMPTOMS

POSITIVE SCREEN

Physical Functional Capacity

Can you run / walk fast enough to catch a bus? No

Can you do heavy work around the house like washing floors? No

Can you go shopping for clothes and groceries? No

Can you take public transport and get to places within walking distance? No

Can you bathe yourself? No

Can you dress yourself? No

Falls

Have you fallen two or more times during the past 12 months? Yes

If you have no history of falls, rise from the chair and walk around it without holding onto any support. How do you fare? Able/
Unsteady

Nutrition

Have you noticed a change in your weight over the past six months? Yes

Vision

Do you have difficulty reading or doing any of your daily activities? Yes

Hearing

Do you have difficulty hearing a normal conversation when there is some background noise? Yes