

# TANGO SF SCREENING QUESTIONNAIRE

Place a tick  next to each statement which is TRUE for you.

If the statement does not apply, leave the box blank .

|                          |   |                    |
|--------------------------|---|--------------------|
| <input type="checkbox"/> | My ankles, feet or legs swell during the day.                                     | CARDIO / METABOLIC |
| <input type="checkbox"/> | I take fluid tablets (e.g. Lasix).  |                    |
| <input type="checkbox"/> | I have kidney disease.  |                    |
| <input type="checkbox"/> | I take tablets to control my blood pressure.                                      |                    |
| <input type="checkbox"/> | I often get dizzy when standing up.   |                    |
| <input type="checkbox"/> | I have high blood sugar OR diabetes.  |                    |
| <input type="checkbox"/> | My blood sugar levels are difficult to keep stable.                               |                    |
| <input type="checkbox"/> | I have 5 hours or less sleep per night.   | SLEEP              |
| <input type="checkbox"/> | I would describe my sleep quality as <i>bad</i> .                                 |                    |
| <input type="checkbox"/> | It takes me longer than 30 minutes to fall asleep at night.                       |                    |
| <input type="checkbox"/> | I have difficulty staying asleep at night.  |                    |
| <input type="checkbox"/> | I have difficulty staying asleep at night, but <i>only</i> because of my bladder. |                    |
| <input type="checkbox"/> | I often experience pain at night.   |                    |
| <input type="checkbox"/> | I have been told I snore loudly OR stop breathing at night.                       |                    |
| <input type="checkbox"/> | I need to get up to pass urine within 3 hours of going to sleep.                  | URINARY TRACT      |
| <input type="checkbox"/> | I experience a sudden urge to urinate on most days.                               |                    |
| <input type="checkbox"/> | I have a bladder urgency accident once a week or more.                            |                    |
| <input type="checkbox"/> | I often need to strain or push to start urinating.                                |                    |
| <input type="checkbox"/> | I have an enlarged prostate gland. (MALES ONLY)                                   |                    |
| <input type="checkbox"/> | In general, I would say that my health is <i>not good</i> .                       | WELLBEING          |
| <input type="checkbox"/> | I have trouble staying awake while driving, eating or during social activities.   |                    |
| <input type="checkbox"/> | I have had a fall in the last 3 months.   |                    |
| <input type="checkbox"/> | I don't look forward to things with as much enjoyment as I used to.               |                    |

