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HEALTH MANAGEMENT SYSTEM

LONGEVITY INDEX MODULE

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HEALTH MANAGEMENT SYSTEM

LONGEVITY INDEX MODULE

1.0 Program Module Installation

1.1 Installing the Longevity Index with the System Module

Once the HMS program is installed, the system will automatically prompt you to install the system modules you have purchased. To install the modules, simply select the next button. You will be prompted to select your disk drive (A: or B:). Once you have input the proper selection, select the next button and the module will automatically install. You may load as many modules as you have at this time.

1.2 Installing the Longevity Index Module at a later date

If you choose to load a module at another time, simply select the Module option from the task bar at the top of the screen and choose to Install a new module. You will be prompted to select your disk drive (A: or B:). Once you have input the proper selection, select the next button and the module will automatically install.

You should now review the following documentation for Longevity Index module.

2.0 Overview

As with all modules associated with the HMS program, before you can use the Longevity Index module, you must first either input information for a new client or recall an existing client.

Once you have selected a client, select the Longevity Index module from the speed bar.

You will now begin the client data input portion of the program. Note that Lifestyle Questionnaire and Data Acquisition form will prompt you to input the appropriate client data. Copies of these questionnaires are located in section 3 of this manual. You may also reproduce copies from the Master Forms Disk, which you load into a word processing program such as Microsoft Word. Please review some of the system features.

NOTE: THE LIFESTYLE QUESTIONNAIRE IS: HMS-LIQ1.DOC
THE DATA ACQUISITION FORM IS: HMS-DAQ.DOC

2.1 Auto Advance

This feature will automatically take you to the next input for the client information once the current response has been input. If this option is not selected, you will be required to manually advance to the next input by using the mouse to advance with the >> symbol.

2.2 Status Bar

Each input is numbered from 1 to 46. The current input status is prompted for you. You may move from field to field by selecting the << prompt to go back and the >> prompt to move forward.

2.3 Preview

This option will allow you to view an "overview" the results of the Longevity Index report on the screen prior to printing a patient report.

2.4 More Information

This option provides you with a variety of information about the program. Data and information about each of the profiles on the report are detailed in this option.

2.5 Data Input

2.5.1 Lifestyle Questionnaire

An important component of the Longevity Index report is the lifestyle analysis questionnaire. Note that a sample of the questionnaire is located in section three of this manual. You may reproduce copies for your own use. Once the client has completed the questionnaire you will be required to input each response into the program. Simply right mouse click on the appropriate response for each question. To omit a question, bypass the input with the >> selection on the task bar.

2.5.2 Physiological Data

The physiological data includes a lipid panel, chemistry panel and blood pressure readings. As with the lifestyle questionnaire, all of the data requested is optional. To omit any option, simple select the >> option from the task bar.

2.5.3 Selecting Pharmaceutical Products

You may select products at any time during the patient data input process by using the mouse to click on the add button. An input box will then appear. First, choose if you would like a pharmaceutical or a nutraceutical product. The available products will appear in the list box.

To select a product, highlight the selection then press the right arrow key. You may also double click on the product and it will automatically transfer. The patient's current recommendations will be listed in the box to the right. Select OK when completed.

3.0 System Setup

The Longevity Index program has a special set-up feature which allows you to input pharmaceuticals (drug and dosage).

3.1 System

To input the products you wish into the Longevity Index program, begin by using the mouse to click the System option from the top task bar.

Next, select the option to Set-up Longevity Index.

3.2 Input Box

Once you have selected the option to Set-up the program, an Input box will appear. First select the option for a Pharmaceutical inputs, use the mouse to highlight the input for the product. Once completed, advance to the dosage field with the mouse or the tab key.

NOTE: THE LIST BOX TO THE RIGHT OF THE INPUT FIELDS WILL PROVIDE A LIST OF PRODUCTS WHICH HAVE BEEN INPUT. THESE PRODUCTS WILL BE AVAILABLE FOR SELECTION WHEN PREPARING A PATIENT'S LONGEVITY INDEX REPORT.

NOTE: YOU MAY ADD ANY APPROPRIATE PRODUCTS TO AN INDIVIDUAL PATIENT DURING THE DATA INPUT PROCESS; HOWEVER, THE PRODUCTS WILL NOT BE SAVED INTO THE PERMANENT DATABASE RECORDS. TO ADD DEFAULT PRODUCTS TO THE "MASTER" RECORD, THEY MUST BE INPUT UNDER THE SET-UP OPTION.

YOU MAY DELETE ANY PRODUCTS BY HIGHLIGHTING THEM WITH THE MOUSE, THEN SELECTING THE DELETE OPTION.

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Longevity Index

LIFESTYLE QUESTIONNAIRE



____/____/____
DATE OF ANALYSIS

NAME

ADDRESS

CITY

STATE

ZIP

(____)_____
HOME PHONE

(____)_____
WORK PHONE

____/____/____
DATE OF BIRTH

M F
SEX

How to complete the questionnaire.

The information you supply in the following **Longevity Index** questionnaire will be used to develop a profile of your current risk status for coronary heart disease, cancer and other lifestyle related concerns. All of the information you provide is strictly confidential.

Honest and accurate answers will provide a meaningful Longevity Index report. You should read and understand each question thoroughly and then place an "X" in front of each appropriate response.



Patient: _____ Date: _____

Section A

Non-Controllable Risk Factors

1.0 Family history of Coronary Heart Disease occurring before 60 years old.

Indicate the number of members of your direct family who have died or been diagnosed with Coronary Heart Disease before the age of 60.

None 1 person More than 1

2.0 Family history of Coronary Heart Disease occurring after 60 years old.

Indicate the number of members of your direct family who have died or been diagnosed with Coronary Heart Disease after the age of 60.

None 1 person More than 1

3.0 Family history of Diabetes.

Indicate the number of members of your direct family who have been diagnosed with diabetes.

None 1 person More than 1

4.0 Family history of Strokes or Cerebral Vascular Disease.

Indicate the number of members of your direct family who have died or been diagnosed with Strokes or Cerebral Vascular Disease.

None 1 person More than 1

5.0 Personal history of cancer

Have you ever been diagnosed with any type of cancer?

Yes No

6.0 Prostate cancer

Have you ever been diagnosed with Prostate cancer?

Yes No Not applicable

7.0 Do you have a family history of cancer?

None 1 or less More than 1

8.0 Personal history of heart disease

Have you ever been diagnosed with any form of heart disease?

Yes No



Section B

Personal Health History and Habits

9.0 Osteoporosis

Have you ever been diagnosed with or indicated that you were at risk for Osteoporosis?

- Yes No Not applicable

10.0 Colon/Rectal Screening

If you are over the age of 40, do you have an annual colon/rectal screening?

- Yes No Not Applicable

11.0 PAP Smear

If you are a female over the age of 18, do you have an annual PAP smear?

- Yes No Not Applicable

12.0 Mammogram Screening

If you are a female over the age of 35, have you had a mammogram within the past 2 years?

- Yes No Not applicable

13.0 Prostate screening

If you are a male over the age of 40, have you had a prostate screening within the past 2 years?

- Yes No Not applicable

14.0 Routine Health Screening

How often do you see your physician for routine check-ups or health screenings?

- On an annual basis At least every 2 years
 Not within the past 5 years Never

15.0 Cancer Warning Signs

Indicate if you have any of the following cancer warning signs.

- Change in bowel or bladder habits
 Chronic indigestion or difficulty in swallowing
 Thickening or lump in breast or elsewhere
 Unusual bleeding or discharge, a sore that does not heal
 Change in freckle or mole
 Persistent cough or sore throat
 Unexplained weight loss
 None



Section C

Alcohol/Caffeine/Tobacco Consumption

16.0 Consumption of alcohol

How often do you consume alcohol?

- | | |
|--|--|
| <input type="checkbox"/> Never drink | <input type="checkbox"/> 3 days per week |
| <input type="checkbox"/> 2 days or less per week | <input type="checkbox"/> 4 or more days per week |

17.0 Number of alcoholic beverages

On the days you drink, on the average how many drinks do you have?

- | | |
|--|---|
| <input type="checkbox"/> Never drink | <input type="checkbox"/> 3 to 4 drinks |
| <input type="checkbox"/> 1 to 2 drinks | <input type="checkbox"/> 5 or more drinks |

18.0 Caffeine

How often do you consume caffeine in your diet including coffee, tea, cola or chocolate?

- Never
- Occasionally but not every day
- 1 to 3 servings daily
- 3 to 5 servings daily
- More than 5 servings daily

19.0 Smoking status

Indicate which of the following best represents your current status

NOTE: Check all that apply.

- Have never smoked
- Quit smoking less than 5 years ago
- Quit smoking more than 5 years ago
- Smoke pipe or cigar
- Smoke less than 1 pack of cigarettes per day
- Smoke more than 1 pack of cigarettes per day

20.0 Smokeless Tobacco

Do you use smokeless tobacco?

- Yes No



Section D

Exercise Program

21.0 Exercise Frequency

On the average, how many days per week do you exercise?

- 3 or more days per week
- Less than 3 days per week
- No regular exercise program

22.0 Proper stretching

Do you perform stretching prior to exercise?

- Always
- Sometimes
- Never
- Currently not exercising

23.0 Warm-up and cool down

Do you warm-up and cool-down after exercising?

- Always
- Sometimes
- Never
- Currently not exercising



Section E

Nutrition Habits

24.0 Daily Meals

On the average how many meals do you consume per day?

- 3 meals with "healthy" snacks
- 3 meals
- 2 meals or less
- No regular eating pattern

25.0 Consumption of grain/bread products

On the average, indicate the type and amount of grain products you normally consume per day.

NOTE: A serving is 1 slice. bread, 1/3 cup beans / peas, 1/3 cup oatmeal, rice or other grain products.

- Whole grains at least 6 to 11 servings per day
- Whole grains 6 servings or fewer servings per day
- Refined grains such as white bread/rolls/processed flour at least 6 to 11 servings per day
- Refined grains such as white bread/rolls/processed flour 6 or less servings per day
- Rarely consume grain products

26.0 Consumption of vegetables

On the average, how many servings of vegetables do you consume per day? Note: A serving is approximately 1 cup of raw or 1/2 cup of cooked.

- At least 3 to 5 servings per day
- Less than 3 servings per day
- Rarely consume vegetables

27.0 Consumption of fruits

On the average, how many servings of fruit do you consume per day? Note: A serving is approximately 1 piece of fruit.

- At least 2 to 4 servings per day
- Less than 2 servings
- Hardly ever consume fruit

28.0 Daily consumption of dairy products

On the average, how many servings of dairy products do you consume per day?

Note: A serving is approximately 1 cup of milk or 1 oz. of cheese.

- At least 2 servings per day
- Less than 2 servings
- Hardly ever consume dairy products



29.0 Type of Dairy products

Indicate the type of dairy products you consume.

- Nonfat selections only
- Both low fat and nonfat about the same
- Low fat only
- Usually high fat selections
- Do not consume dairy products

30.0 Daily consumption of meats and meat products

Indicate the type of meat you normally consume.

- Do not consume meat or meat products
- Consume less than 6 oz. of poultry or fish per day
- Consume more than 6 oz. of poultry or fish per day
- Consume less than 6 oz. of red meat per day
- Consume more than 6 oz. of red meat per day

31.0 Consumption of fats, dressings and spreads

Indicate the type and number of servings of fat, dressings and spreads you consume each day.

High fat examples: Butter, lard, and margarine

Low fat examples: Non-fat or Low-fat salad dressing-mayonnaise-cheese

SERVING SIZE: 1 Tablespoon

- Use low fat selections sparingly (less than 3 per day)
- Use low fat selections frequently (3 or more per day)
- Use both low fat and high fat about the same sparingly (3 or less)
- Use high fat selections sparingly (less than 3 per day)
- Use high fat selections (more than 3 per day)

32.0 Consumption of water

On the average, how many glasses of water do you consume per day? Note: A serving is one 8-oz. glass of water only; do not include coffee, soda or other beverages.

- At least 8 glasses per day
- About 4 to 8 glasses per day
- Less than 4 glasses per day
- Seldom consume water

33.0 Convenience and snack food consumption

On the average how many times per day do you eat convenience foods or forms of fast food?

- Never
- Less than 1 time per day
- More than 1 time per day



Section F

Personal Health

34.0 Dental Check-up

Do you have an annual check-up with your Dentist?

- Yes No

35.0 Oral Health

Do you have any abnormal bleeding in your gums or around your teeth?

- Yes No

36.0 Eye Examination

How often do you see an eye specialist?

- Once per year Once every two years
 Not within the last 2 years No regular exams

37.0 Cataracts

Have you ever been diagnosed with cataracts or other diseases of the eye?

- Yes No

38.0 Living Environment

Do you live or work in an environment, which you consider to expose you to pollution, either air, water or from your food?

- Yes No

39.0 Smoke Detector

Do you have at least one (working smoke detector for each floor of your home or apartment, which you check on a monthly basis?

- Yes No

40.0 Seat Belt Use

How often do you use your seat belt when either operating a motor vehicle or riding as a passenger?

- Always Sometimes Never

41.0 Automobile Mileage

How many miles per month do you drive an automobile or ride as a passenger?

- Less than 1000
 Between 1001 to 1499
 More than 1500 per month

42.0 Automobile Maintenance

If you own an automobile, do you have regular maintenance performed such as checking the tires, oil etc.?

- Not applicable
 Yes
 No

43.0 Fire Protection

Do you have a working fire extinguisher in your home?

- Yes No



Section G

Health & Weight Management

4Have you ever used nutritional supplements?

- Yes No

4What type of nutrition supplements have you taken?

- Multi Vitamins Minerals
 Meal Replacements Anti-Oxidants
 Not Applicable
Other: _____

4Do you feel that excess body fat is effecting your health?

- Yes No

4How long do you feel that your weight has been a problem?

- Never overweight Fewer than 5 years
 10 years or fewer 20 years or fewer
 More than 20 years

4How many times have you been on a diet or attempted to lose weight?

- Never attempted 1 to 4 times 5 or more times

49) On the average, how much weight do you lose when you diet?

- Never diet
 5 or fewer pounds
 10 or fewer pounds
 More than 10 pounds

50) Describe your attempts at weight loss

- Never attempted weight loss
 Caloric restriction alone
 Exercise alone
 Combination of diet and exercise



5Have you ever experienced any bulimic events?

No

Yes

5How many individuals in your direct family have a weight problem?

None

2 or fewer

More than 3

5Has your physician ever prescribed medication which was intended to help you lose weight?

Yes

No

What medication (s)? _____



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Height	_____	Weight	_____
Impedance	_____	Body Fat	_____
Waist	_____	Hip	_____
Systolic BP	_____	Diastolic BP	_____
Heart Rate	_____		

LIPID PANEL

Cholesterol	_____	Triglycerides	_____
HDL	_____		

CHEMISTRY PANEL

Glucose	_____	BUN	_____
Creatinine	_____	BUN/Creatine	_____
Sodium	_____	Potassium	_____
Chloride	_____	Albumin	_____
Total Protein	_____	Calcium	_____
Total BILI	_____	AAT	_____
ALT	_____	ALKP	_____
GGT	_____		

HEMATOLOGY

WBC	_____	LYP %	_____
Mono %	_____	GRA %	_____
Lymphocytes	_____	Monocytes	_____
Granulocytes	_____	RBC	_____
Hemoglobin	_____	Hematocrit	_____
MCV	_____	MCH	_____
MCHC	_____	RDW	_____
Platelets	_____	MPV	_____

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THYROID PANEL

TSH _____

T-UPTAKE _____

T4 _____

FTI _____

OTHER TESTS

Homocysteine _____

Lipid Peroxidase _____

Hemoglobin A1C _____

FACILITATOR NOTES

Name _____ Date _____