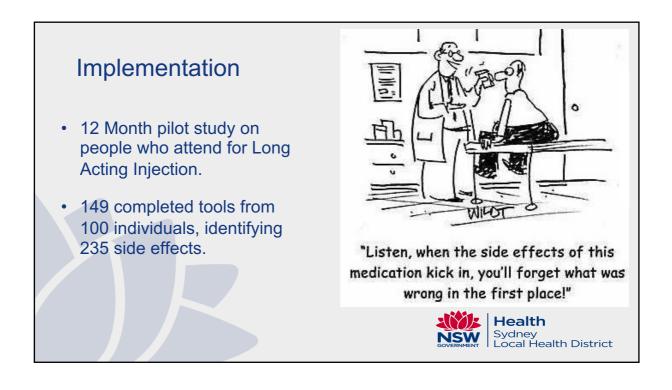


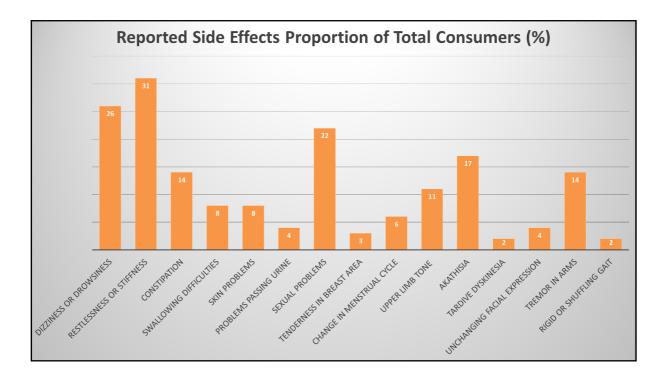
Eleven Questions about Side Effects							
1. Drowsiness or lethargy?	Yes / No	Comments:	1				
2. Dizziness or light-	Yes / No	Comments:					
headedness?							
3. Weight gain?	Yes / No	Comments:					
4. Restlessness or stiffness?	Yes / No	Comments:					
Muscle cramps?							
5. Constipation?	Yes / No	Comments:					
6. Swallowing difficulties?	Yes / No	Comments:					
7. Skin problems? (rashes,	Yes / No	Comments:					
photosensitivity)	-						
8. Problems passing urine?	Yes / No	Comments:	4				
9. Sexual problems?	Yes / No	Comments:					
(ejaculatory, erectile, libido)	-						
10. Tenderness or swelling in	Yes / No	Comments:					
breast area? Lactation?			-				
11. Women only: Change in	Yes / No	Comments:	strict				
menstrual cycle?	NA						

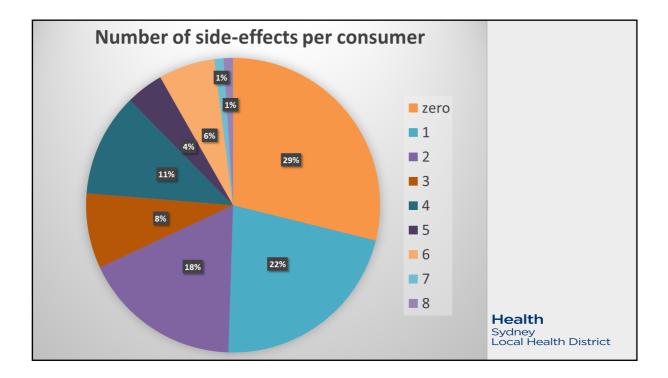
Eight Observations about Side Effects

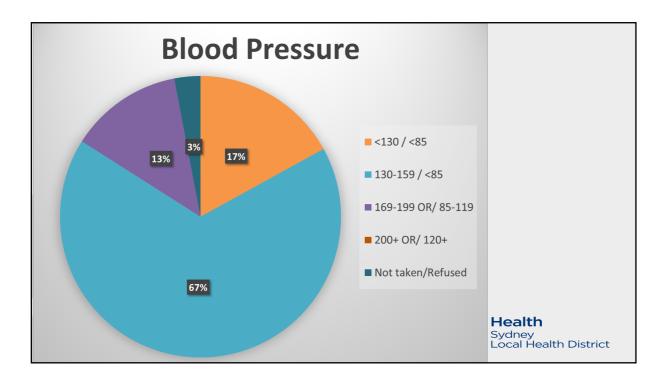
10. Blood Pressure? (hyper/hypotension?)	BP:	Comments:
11. Pulse? (tachycardia? irregular Pulse?)	<60 / 60-90 91-20/>120	Comments:
12. Upper limb tone (stiffness/cog wheeling?)	Yes / No	Comments:
13. Akathisia? (shuffling or restless legs/rocking/fidgets)	Yes / No	Comments:
14. TD? (involuntary move- ment: tongue/lips/eyebrows)	Yes / No	Comments:
15. Unchanging facial expression/dribbling?	Yes / No	Comments:
16. Arm tremor / pill rolling? (circular thumb movements)	Yes / No	Comments:
17. Rigid or shuffling gait? Reduced arm swing?	Yes / No	Comments:

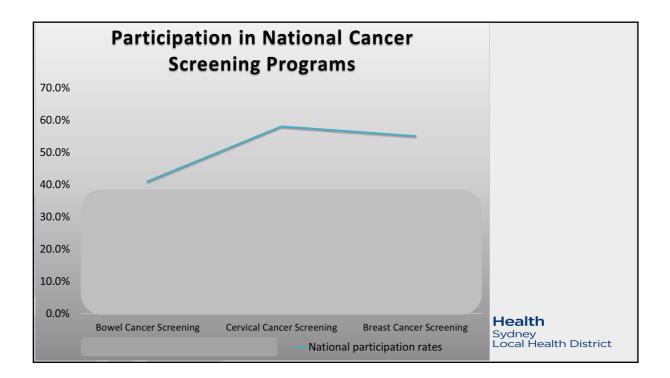
				about pre or follow-				
		oore	.		~p			
	18. Do you smoke?	Yes / No	Comments:					
	19. Bowel cancer scree	I cancer screening? Y		Date:	Over 50s only – should be bi-annual.			
	20. Cervical screen in date?		Yes / No	Date:	Women only. Should be 5-yearly.			
	21. Mammogram in date?		Yes / No	Date:	Women >40 only. Should be 2-yearly.			
	22. Seen GP re: prostate?		Yes / No	Men >50 + yes to Q8, or >40 with family Hx.				
	23. GP Last Appt. <1 y		ear / 1-2 years / 2-5 years / >5 years / No GP					
	24. Dentist Last Appt. < 1 year /			1-2 years / 2-5 years / >5 years / No Dentist				
Based on								
			RA	ACGP				
			Gui	delines	NSW Health Sydney			
					GOVERNMENT LOCAl Health District			

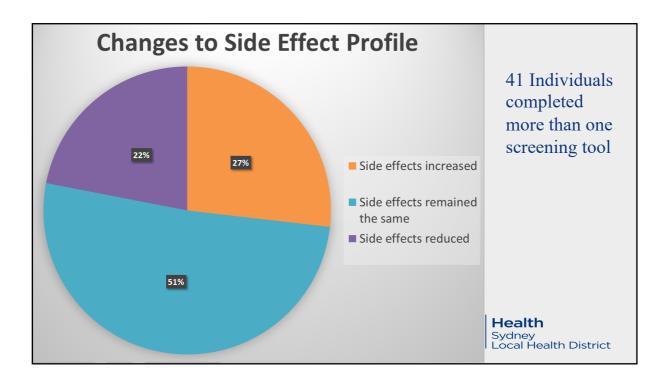


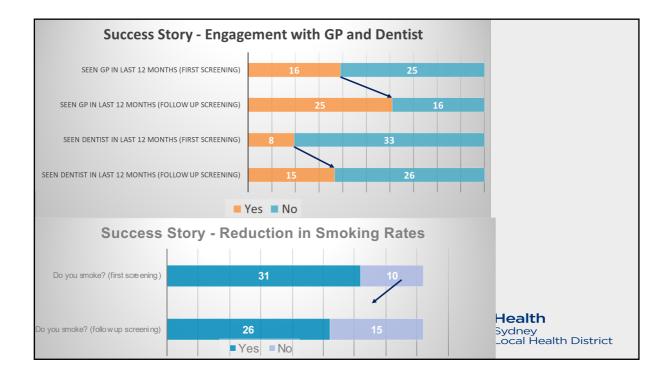




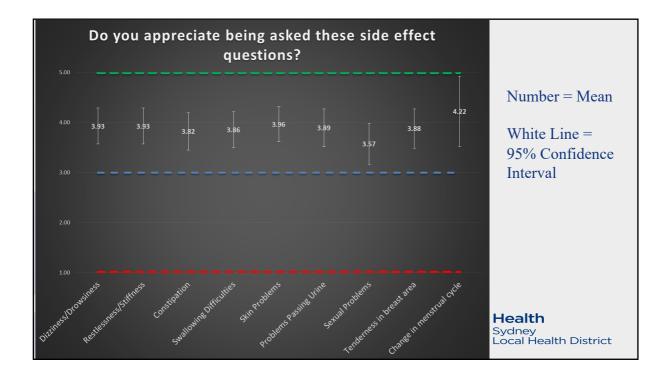


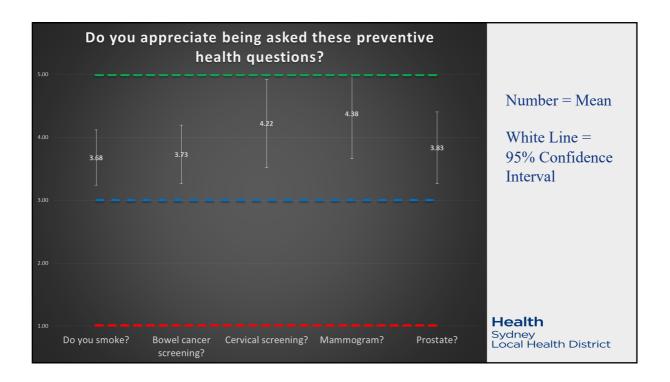






Consumer Feedback – Experience Survey								
Question	Strongly object to being asked	Dislike being asked	Don't mind, or don't recall being asked	-	e bei ked	ng	a	eally opreciate eing asked
 Do you experience dizziness or drowsiness? Blurred Vision? 								
Do you experience restlessness or stiffness? Muscle cramps?								
3. Do you suffer from constipation?			D					20
4. Do vou experience swallowing								
17. Do you think that any identified side-effects led to a change in treatment or dose?						No	/	Don't know
18. Do you think that any health screening gaps were identified using this screening tool?					/	No	/	Don't know
19. Did you go and follow-up with your GP following any screening gaps being identified?					/	No	/	Don't know
20. Overall, do you think the screening tool is a useful tool?					/	No	/	Don't know





C	% 10% 20% 30% 40%	50% 60% 70% 80% 90% 10	0%
Do you think any new side effects were identified?	56%	28% 16%	
Did identified side effects lead to change of treatment or dose?	16% 52'	% 32%	
Were any preventive health screening gaps identified?	20%	68% 12%	
Did you follow these up with your GP?	36%	44% 20%	
Overall, do you think this is a useful tool?	80%	. 12% 8%	Health
🛎 Yes 👅 No	Don't know		Sydney Local Health District

