



Refit for Life!

A World Transplant Games Federation Initiative

SELF ASSESSMENT SCREENING

www.wtgf.org/refitforlife

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Please note this self assessment screening will be completed every 6 weeks in order to unlock the next stage of your program. Please read the guidelines at the end for information on how to complete certain elements. This form will need to be completed online.

Date :
Name :
Age :
Email :
Country of residence :
Transplant :
Transplant date :
Goal :

General Health Questionnaire

INSTRUCTIONS:

Please answer every question. Some questions may look like others, but each one is different. Please take the time to read and answer each question carefully by circling the number that best represents your response.

1 In general, would you say your health is?

(Circle one)

Excellent	Very Good	Good	Fair	Poor
(1)	(2)	(3)	(4)	(5)

2 Compared to one year ago, how would you rate your health in general now?

(Circle one)

Much better now than one year ago	Somewhat better now than one year ago	About the same as one year ago	Somewhat worse now than one year ago	Much worse now than one year ago
(1)	(2)	(3)	(4)	(5)

3 The following questions are about activities you might do during a typical day.

Does your health now limit you in these activities? If so, how much:

(Circle one number on each line)

		Yes, Limited A Lot	Yes, Limited A Little	No, Not Limited At All
A	Vigorous activities , such as running, lifting heavy objects participating in strenuous sports	1	2	3
B	Moderate activities , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	1	2	3
C	Lifting or carrying groceries	1	2	3
D	Climbing several flights of stairs	1	2	3
E	Climbing one flight of stairs	1	2	3
F	Bending, kneeling, or stooping	1	2	3
G	Walking more than a mile	1	2	3
H	Walking several hundred yards	1	2	3
I	Walking one hundred yards	1	2	3
J	Bathing or dressing yourself	1	2	3

4 During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

(Circle one number on each line)

		All the time	Most of the time	Some of the time	A little of the time	None of the time
A	Cut down on the amount of time you spend on work or other activities	1	2	3	4	5
B	Accomplished less than you would like	1	2	3	4	5
C	Were limited in the kind of work or other activities	1	2	3	4	5
D	Had difficulty performing the work or other activities (for example, it took extra effort)	1	2	3	4	5

5 During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

(Circle one number on each line)

		All the time	Most of the time	Some of the time	A little of the time	None of the time
A	Cut down on the amount of time you spend on work or other activities	1	2	3	4	5
B	Accomplished less than you would like	1	2	3	4	5
C	Did work or activities less carefully than usual	1	2	3	4	5

6 During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your social activities with family, friends, neighbours, or groups?

(Circle one)

Not at all	Slightly	Moderately	Quite a bit	Extremely
(1)	(2)	(3)	(4)	(5)

7 How much bodily pain have you had during the past 4 weeks

(Circle one)

None	Very Mild	Mild	Moderate	Severe	Very Severe
(1)	(2)	(3)	(4)	(5)	(6)

8 During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

(Circle one)

Not at all	Slightly	Moderately	Quite a bit	Extremely
(1)	(2)	(3)	(4)	(5)

9 These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks
(Circle one number on each line)

		All the time	Most of the time	Some of the time	A little of the time	None of the time
A	did you feel full of life?	1	2	3	4	5
B	have you been very nervous?	1	2	3	4	5
C	have you felt so down in the dumps nothing could cheer you up?	1	2	3	4	5
D	have you felt calm and peaceful?	1	2	3	4	5
E	did you have a lot of energy?	1	2	3	4	5
F	have you felt downhearted and depressed?	1	2	3	4	5
G	did you feel worn out?	1	2	3	4	5
H	have you been happy?	1	2	3	4	5
I	did you feel tired?	1	2	3	4	5

10 During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?
(Circle one)

All of the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time
(1)	(2)	(3)	(4)	(5)

11 How TRUE or FALSE is each of the following statements for you?
(Circle one number on each line)

		Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
A	I seem to get sick a little easier than other people	1	2	3	4	5
B	I am as healthy as anybody I know	1	2	3	4	5
C	I expect my health to get worse	1	2	3	4	5
D	My health is excellent	1	2	3	4	5

Anopametricsthr

Height : _____ (cm)

Weight : _____ (kg)

Waist : _____ (cm)

Hip : _____ (cm)

Thigh Right : _____ (cm)

Thigh Left : _____ (cm)

Resting Values

Blood Pressure : _____ (mmHg)

Heart rate : _____ (mmHg)

Bloods

Fill in if you know these already otherwise consult your Doctor to get these values.

Glucose : _____ (mmol/l)

Cholesterol : _____ (mmol/l)

Fitness

6 min walk test (10m): _____ (m) OR 3 min step test: _____ (m)

Muscle endurance & Balance

1 leg balance Left: _____ (s)

1 leg balance Right: _____ (s)

1 Personal Details

The first section of the the self assessment requires you to fill in your details. The goal is what you would like to achieve out of this exercise (walking better, playing a certain sport/activity etc). The transplant is the organ in which you got transplanted as well as the date of your last transplant.

2 General Health Questionnaire

Please answer every question. Some questions may look like others, but each one is different. Please take the time to read and answer each question carefully by circling the number that best represents your response

3 Anthropometric measures

Height

Take off your socks and shoes. Measure your height when you are barefoot because flip flops, slippers, and even socks will affect the measurement. Remove anything from your head. Don't wear a hat, a headband or a ponytail. Press down on the stadiometer to keep your hair flat. Stand on the stadiometer platform with your back against the wall and your feet together. Stand up as straight as possible with your heels, back, shoulders, and head all touching the wall. Tuck in your chin and look straight ahead. Alternatively you may use a tape measure and ask a friend or family member to assist you.



Weight

Place the scale on firm level ground. Remove socks, shoes, heavy clothes (jackets/jesersys) and jewelry. Step onto the scale and stand still. Record the weight in kilograms.



Waist Circumference

Wear tight clothing, or roll your top up. If you're measuring your waist alone, stand in front of a mirror so you can position the measuring tape correctly. Your waist can be located between the top of your hipbones and the bottom of your ribs. Wrap a cloth tape measure around the narrowest part of your waist. If you don't have a cloth tape measure, use a piece of string and measure the string afterward. Do not pull the tape measure so hard that it's compressing the skin; make sure the tape is only lying at the surface of your skin. Hold the starting point of the tape measure in place on the front side of your body with one hand. With the other hand, wrap the tape measure around your body until it overlaps with the beginning of the tape measure or string. Take note of your measurement, and measure once more for accuracy.



Hip Circumference

Wear tight clothing, or roll your top up. If you're measuring your hips alone, stand in front of a mirror so you can position the measuring tape correctly. Your hips can be located at the widest part of your buttocks. Wrap a cloth tape measure around the widest part of your buttocks. Again, if you don't have a cloth tape measure, use a piece of string and measure the string afterward. Do not pull the tape measure so hard that it's compressing the skin; make sure the tape is only placed at the surface of your skin. Hold the beginning of the tape measure in place on the front side of your body with one hand. With the other hand, wrap the tape measure around your body until it overlaps with your starting point. Take note of your measurement, and measure once more for accuracy.



Thigh Circumference

Measure the circumference of the fullest part of your left thigh. Wrap the tape measure around your thigh from front to back and then around to the front. You may be tempted to cheat by lowering the tape measure a few inches, but then you won't get an accurate measurement. Repeat this on the right.



Blood Pressure

Rest in a chair next to a table. Remove any tight clothing or jersey. Sit up straight with legs uncrossed. Rest your arm comfortably on the table with the palm facing up. Slide the cuff onto your arm, making sure that the stethoscope head is over the artery (when using a manual monitor.) The cuff may be marked with an arrow to show the location of the stethoscope head. The lower edge of the cuff should be about 1 inch above the bend of your elbow. Use the fabric fastener to make the cuff snug, but not too tight. Place the stethoscope in your ears. Tilt the ear pieces slightly forward to get the best sound. Close the valve of the blood pressure cuff and then inflate the blood pressure cuff by squeezing the valve to 180 mmHg and begin to release the valve slowly. Keep releasing the valve until you hear the first sound (duff duff). That will be your systolic pressure. Continue to release the valve until the point at which you can no longer hear the pulse. This will be your diastolic pressure.



Resting Heart Rate (rHR)

To check your pulse at your wrist, place two fingers between the bone and the tendon over your radial artery — which is located on the thumb side of your wrist. When you feel your pulse, count the number of beats in thirty seconds. Multiply this number by two to calculate your beats per minute. Use your phone or stop watch to time.



Blood Glucose

Wash and dry the hands thoroughly. Take out a lancet (small sharp needle), a glucose strip and glucose meter. Place the strip in the meter and wait for it to show you to put blood on the strip. Prick your finger and squeeze the finger to get a drop of blood that will cover the centre of the strip. Place the blood and wait for the machine to present your results.

Total Cholesterol

Wash and dry the hands thoroughly. Take out a lancet (small sharp needle), a cholesterol strip and cholesterol meter (if your machine can read both glucose and cholesterol change the mode on the machine to read cholesterol). Place the strip in the meter and wait for it to show you to put blood on the strip. Prick your finger and squeeze the finger to get a drop of blood that will cover the centre of the strip. Place the blood and wait for the machine to present your results.

6 minute walk test

Mark out a track, twenty-five to thirty meters in length. Place a cone every five meters. If you do not have enough space for a twenty-five meter track mark a ten to fifteen meter track. After getting your track marked out take a seat and rest for ten to fifteen minutes. Towards the end of your rest measure your resting heart rate. Go to the start of your track and set the timer for six minutes. Place elastic bands on the left hand and move a band over to the right hand everytime you make it to the end of the track. At the end of the test take a seat and breathe deep and slowly. Count the number of bands on the right hand and multiply by the distance of the track. Stop the test if

- Chest pain suspicious for angina.
- Evolving mental confusion or lack of coordination/staggering.
- Evolving light-headedness.
- Intolerable dyspnoea.
- Leg cramps or extreme leg muscle fatigue.
- Excessive sweating

Should you be unable to complete the six minutes, stop the time and record the distance covered as well as the time walked.

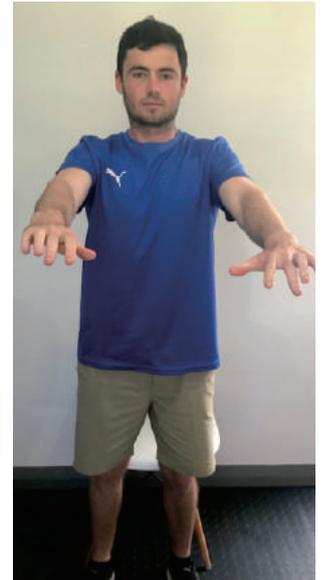
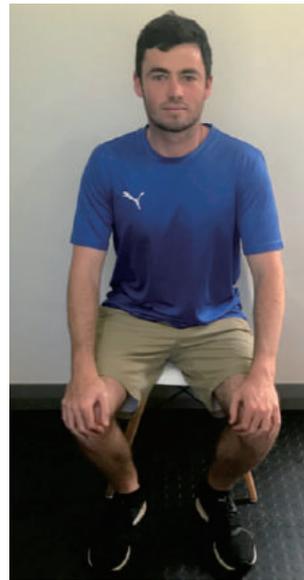
3 minute step test

Take a 12 inch (30 cm) step and place it against the wall. Set your metronome to 96 beats per minute. If you do not have a metronome you can download Pro metronome for free from the Apple and Play store. Take a seat and rest for five to 10 minutes and towards the end of your rest measure your resting heart rate. Start your metronome and timer and begin to step up and down the step in time with the metronome. At the end of the three minutes take a seat and record your heart rate for sixty seconds.

Should you experience any of the symptoms mentioned above. Record your heart rate and time you stopped the test.

Sit-to-stand in 60 seconds

Begin by sitting on the front half of a stationary chair. Place both feet on the floor shoulder width apart, knees bent to 90 degrees. Cross your arms and slowly rise to a standing position, ensuring that your knees never cross the frontal plane of your toes. Once standing, gradually sit back down in a controlled movement. Repeat this as many times as you can in sixty seconds.



One leg balance

Make sure you stand next to something that can support you should you need to hold on. Stand with feet hip width apart lift your left leg off the ground and time how long you could balance on the right leg before the left leg touched the ground. Repeat this while balancing on the left leg. Time should be stopped if support is held onto.

