



Kadwa Patel Samaj Of North America

www.kpsna.org

Dear KPSNA Senior Member:

Bhanji Kunderia
President
(805) 473-0142
Arroyo Grande, CA

Parag Bhalani
Vice President
(410) 489-0578
Columbia, MD

Kiran Ghodasara
Secretary
(732) 761-9829
Marlboro, NJ

Manu Dadhania
Treasurer
(856) 751-8117
Voorhees, NJ

Bhagubhai Bathani
Member
(630) 427-1533
Woodridge, IL

Manusukh Kothadia
Member
(704) 892-9921
Cornelius, NC

Asit Vijapura
Member
(813) 932-7292
Tampa, FL

Sanjay Kalawadia
Member
(860) 635-3616
Middletown, CT

Mona Dalsania
Member
(610) 395-4976
Allentown, PA

Jaman Kothadia
Past-President
(704) 362-3007
Charlotte, NC

This letter confirms your registration for First KPSNA Senior Convention. The convention will begin on Friday January 16th afternoon and will end on Monday, January 19th in Morning. This convention will be held at Surfside Inn & Suites (1211 Atlantic Avenue, Virginia Beach, VA 23451, www.virginiabeachsurfside.com).

Following local KPSNA coordinators are arranging for your transportation.
Connecticut & New England: Sanjay Kalawadia and Bhaskar Sureja
New Jersey, New York & Pennsylvania: Kiran Ghodasara & Manu Dadhania
Maryland & DC : Parag Bhalani
Georgia: Atul Patel (Kansagra)
North & South Carolina: Mansukh Kothadia.

If you are flying, please contact Ashvin Javia for pick up arrangements.

Please bring a Photo ID (Passport or Driver's License) along with you. We request everyone to bring their medical records including copy of insurance cards in case of any unforeseen medical emergencies.

If you are interested in participating in our medical screening, please fill out attached form and questionnaire and bring it with you.

Following is tentative agenda for the convention.

Friday, January 16th 2009:

Arrive in the afternoon for check in.

Evening: Welcome Dinner with Lectures: 1) Gita & 2) Diet

Saturday, January 17th 2009:

Morning: Yogasan & Pranayam, Medical Tests, Trip to Mandir, tour of Naval base

Afternoon: Medical Screening & Advise

Evening: Dinner, Lectures: 1) Depression 2) Dental Hygiene and entertainment.

Sunday, January 18th 2009:

Morning: Yogasan & Pranayam, Lectures. 1) Immigration 2) Medicare, Social Security, 3) Patanjali & Spirituality

Afternoon: Trip to Mandir and Outer Banks.

Evening: Dinner, Lectures: 1) Cardiac Diseases 2) Cancer Prevention, Card Games, Bhajan, etc

Monday, January 19th 2009:

Morning: Breakfast, Brunch and departures.

See you all there!

KPSNA Committee

KPSNA Senior Convention Medical Screening

With blessing of Umiyamataji, KPSNA is organizing free medical screening. This screening will include questionnaire, blood tests and advise of physician based on this.

Those who are interested in participating in this screening please fill this form completely and bring it with you on in the convention. In addition, please fill out attached questionnaire and bring it with you in the convention.

Patients Name: _____ Care of: _____
Date of Birth: _____ Age: _____ Home Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Any Allergies: _____ Hotel Room # _____

Current Medical Problems with Dates: _____ Past Medical Problems with Dates: _____

Current Medications with Dates:

I hereby release the Screening Physician, all other health care volunteers and KPSNA from any and all liabilities for any injury I may suffer in connection with this screening examination now or in the future for this particular event. I understand that this is screening only and no treatment will be given. I understand that the examination results will be given to me with recommendations and that I am responsible for following those recommendations and further follow-up and treatment. This screening is voluntary and free of charge but I am responsible for any costs involved in follow-up care. I understand that:

1. This screening examination is not as complete as, or a substitute for, a full examination by my own physician.
2. The responsibility for any follow-up examinations to check abnormalities found during the screening examination lies with me and not with Screening Physician, all other health care volunteers or KPSNA. I am responsible for my health.

I certify that I am 18 years of age or older and am competent to contract my name insofar as the above is concerned. I have read the foregoing release before affixing my signature below and warrant that I fully understand the contents thereof.

Signature: _____ Date: _____
Name & Signature of interpreter if any: _____

KPSNA - Health and Prevention Screening for Seniors

Demographic Information

In this survey information you provide will be used to give you age and sex appropriate screening tests and recommendations.

Recommendations provided will be based on your personal situation, your responses and the outcomes of your evaluation (blood test screening etc., to be done at the January meeting). This questionnaire has been designed for all individuals over 60 years old and there are different risk benefit consequences for the different screening procedures for each individual based on their personal situation, hence when you read and respond to the question please do not read too much into what your response to the question would mean in your case. You will be provided a one-to-one meeting when you will be given specific recommendations for your personal situation. These will be based on current recommendations by the U.S. Preventive Services Task Force and other professional medical organizations.

You will not be asked to provide your social security number or date of birth. The contact information is being collected so that if we need to contact you we have your current contact information. Your completion of this questionnaire will also provide the Samaj with information to determine future goals for keeping community members and our Samaj healthy.

1. Please enter your name and contact information. (Name and Address are required fields)

Name:	<input type="text"/>
Address:	<input type="text"/>
Address 2:	<input type="text"/>
City/Town:	<input type="text"/>
State:	<input type="text"/>
ZIP/Postal Code:	<input type="text"/>
Email Address:	<input type="text"/>
Phone Number:	<input type="text"/>

Health Care

2. Are you currently under the care of a personal physician whom you see regularly for periodic physical examinations/blood tests or other screening examination?

Yes

No

3. How long has it been since you last had a complete physical including blood tests?

Less than 6 months

Between 6 to 12 months

Between 1 to 2 years

Between 2 to 5 years

More than 5 years

Age

KPSNA - Health and Prevention Screening for Seniors

* 4. Age in years?

Enter you age.

Aspirin and Supplements

5. Do you take an Aspirin Tablet every day?

Yes

No

I cannot take Aspirin (Due to Allergy or Ulcer or other reason)

6. Do you take multivitamin tablet and/or calcium supplements every day?

Take Multivitamin tablet and Calcium supplement

Only take Multivitamin tablet

Only take Calcium supplement

Do not take Multivitamin or Calcium supplement every day

7. Do you take Ayurvedic medicine/s every day?

Yes

No

Diabetes and High Blood Pressure - 1

8. Have you ever been told that you have diabetes (or sugar diabetes)?

Yes

No - Go to Question 10

Diabetes and High Blood Pressure - 2

9. How do you control your Diabetes? (You can choose one or more selections from the list)

Diet

Pills

Insulin

Byetta

Desi or Ayurvedic Medicine

Blood Glucose

KPSNA - Health and Prevention Screening for Seniors

10. Have you had your blood sugar checked (based on a blood test) in the past 2 years?

Yes

No

Don't know

11. Select the item that best describes your blood glucose when it was last checked:

Normal

High or low

Don't know or Never had blood glucose checked

Diabetes and High Blood Pressure - 3

12. Are you currently taking medicine for high blood pressure?

Yes

No

13. When was your blood pressure last checked? (Select one response)

Within past 6 months

Between 6 to 12 months

Between 1 to 2 years

Between 2 to 5 years ago

More than 5 years ago

Never had Blood Pressure checked

14. Select the item that best describes your blood pressure when it was last checked.

High

Normal or Low

Don't know or Never had blood pressure checked

Blood Cholesterol

15. Have you had your cholesterol level checked (based on a blood test) in the past 2 years?

Yes

No

Don't know

KPSNA - Health and Prevention Screening for Seniors

16. Have you ever been told you have high cholesterol levels in your blood?

Yes

No

Family History

* 17. Do you have a family history (father, mother, brother/s or sister/s) of any of the following conditions? (Select all that apply)

Heart Disease

Cancer (please list below)

Diabetes

Abdominal Aneurysm

High Cholesterol

No family history of conditions listed

Additional Information

Tobacco - Cigarette Smoking

18. How would you describe your smoking habit? (This includes smoking bidis, cigarettes, cigars or pipes).

Never smoked or smoked less than 100 cigarettes in life - Go to Question 23

Used to smoke - Go to Question 21

Still smoke

Tobacco - Cigarette Smoking Current

19. How many bidis or cigarettes do you smoke in a day?

1 to 5

5 to 10

10 to 20

More than 20

I smoke cigars or pipe

Aneurysm Screening in Smokers

20. Have you had screening test for Abdominal Aortic Aneurysm? (This is usually done by an ultrasound test of the abdomen)

Yes - Go to Question 23

No - Go to Question 23

Aneurysm Screening in Ex-Smokers

KPSNA - Health and Prevention Screening for Seniors

21. Have you had screening test for Abdominal Aortic Aneurysm? (This is usually done by an ultrasound test of the abdomen)

Yes

No

Tobacco - Cigarette Smoking in the past

22. How many years has it been since you smoked bidis or cigarettes or cigars or pipes fairly regularly?

1

2

3

4

5

More than 5, but less than 10 years

More than 10 years

Tobacco - Smokeless Tobacco - 1

23. Do you currently use smokeless tobacco (includes chewing tobacco, use of snuff, etc)?

Yes

No - Go to Question 25

Tobacco - Smokeless Tobacco - 2

24. How many times a day do you use smokeless tobacco (Chewing tobacco, snuff, etc)?

	0	1	2 to 3	More than 4
Chewing tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Snuff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Alcohol - 1

25. Do you drink alcoholic beverages?

Yes

No - Go to Question 30

Alcohol - 2

KPSNA - Health and Prevention Screening for Seniors

26. Have you ever felt you should cut down on your drinking?

Yes

No

27. Have people annoyed you by criticising your drinking?

Yes

No

28. Have you ever felt bad or guilty about your drinking?

Yes

No

29. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?

Yes

No

Cancer Screening

* 30. Are you a male or a female?

Male - Go to Question 37

Female

Cancer Screening - Women - 1

31. How long has it been since your last breast x-ray (mammogram)?

Less than 1 year ago

1 year ago

2 years ago

3 or more years ago

Never had test

KPSNA - Health and Prevention Screening for Seniors

32. How long has it been since you had your breasts examined by a physician or nurse?

- Less than 1 year ago
- 1 year ago
- 2 years ago
- 3 to 5 years ago
- 5 or more years ago
- Never had breast exam

Cancer Screening - Women - 2

33. Have you had a hysterectomy operation?

- Yes
- No
- Not sure

34. How long has it been since you had a Pap smear test?

- Less than 1 year ago
- 1 year ago
- 2 years ago
- 3 to 5 years ago
- More than 5 years ago
- Never had test

Bone Health

35. Have you had any screening test for Osteoporosis?

- Yes
- No

36. Do you currently use medication containing estrogen or any hormone replacement therapy?

- Yes
- No
- Not sure

If not sure, list name/s of medication

KPSNA - Health and Prevention Screening for Seniors

Cancer Screening Exam - Men and Women (Colorectal)

37. About how long has it been since you had a rectal exam or testing of stool for blood?

- Less than 1 year ago
- 1 year ago
- 2 years ago
- 3 to 5 years ago
- More than 5 years
- Never had rectal exam or stool tested for blood

38. About how long has it been since you had a colonoscopy or sigmoidoscopy exam?

- Less than 1 year ago
- 1 year ago
- 2 years ago
- 3 to 5 years ago
- 5 to 10 years ago
- More than 10 years ago
- Never had colonoscopy/sigmoidoscopy exam

Immunization

39. Have you had the Flu shot this year?

- Yes
- No

40. Have you had the pneumococcal vaccine and/or the zoster (shingles) vaccine?
(These are not the same as a flu shots)

- Only had pneumococcal vaccine
- Only had zoster vaccine
- Had both vaccines
- Have not had these vaccines

Diet

KPSNA - Health and Prevention Screening for Seniors

41. How often do you eat the following foods?

	Every day	2 to 3 times a week	1 time a week	Rarely	Never
Sweet fruits (e.g. apple, mango)	jn	jn	jn	jn	jn
Sour fruits (e.g. orange, tangerine)	jn	jn	jn	jn	jn
Berries	jn	jn	jn	jn	jn
Whole milk	jn	jn	jn	jn	jn
Skim milk	jn	jn	jn	jn	jn
Ghee and butter	jn	jn	jn	jn	jn
Cheese	jn	jn	jn	jn	jn
Uncooked vegetables	jn	jn	jn	jn	jn
Cooked vegetables	jn	jn	jn	jn	jn
Indian breads (e.g. roti, paratha)	jn	jn	jn	jn	jn
American bread	jn	jn	jn	jn	jn
Naasto and gathiya	jn	jn	jn	jn	jn
Cereal	jn	jn	jn	jn	jn
Sweets, desserts and candy	jn	jn	jn	jn	jn
Nuts	jn	jn	jn	jn	jn
Beans	jn	jn	jn	jn	jn

Physical Activity

42. In an average week, how many times do you engage in physical activity (exercise or gardening) which lasts at least 20 minutes without stopping such as walking or any other exercise?

	Less than 1 time per week	1 or 2 times per week	At least 3 times per week	4 or more times per week
No. of times engage in physical activity (in a week)	jn	jn	jn	jn

Sleep Questions

43. What are the chances of you dozing in the following situations?

	Never	Slight	Moderate	High
Sitting and reading	jn	jn	jn	jn
Watching TV	jn	jn	jn	jn
Sitting inactive in a public place	jn	jn	jn	jn
As a passenger in a motor vehicle for an hour or more	jn	jn	jn	jn
Lying down in the afternoon	jn	jn	jn	jn
Sitting and talking to someone	jn	jn	jn	jn
Sitting quietly after lunch (no alcohol)	jn	jn	jn	jn
Stopped for a few minutes in traffic while driving	jn	jn	jn	jn

KPSNA - Health and Prevention Screening for Seniors

Health and Well being

44. Have you been diagnosed with any of the following conditions?

- Angina or heart attack
- Breast cancer
- Colon polyps
- Colon or Rectal cancer
- Stroke
- Peripheral arterial disease or claudication
- Prostate cancer
- Emphysema
- Lung cancer
- Oral cancer
- Peptic ulcer
- I do not have any of the listed conditions

Other (please specify)

45. Considering your age, how would you describe your overall physical health?

	Excellent	Good	Fair	Poor
State of physical health	jn	jn	jn	jn

46. In general how satisfied are you with your life?

	Mostly satisfied	Partly satisfied	Not satisfied
Level of satisfaction	jn	jn	jn

47. Over the past two weeks, how often have you been bothered by any of the following problems?

	Not at All	Several Days	More than half the days	Nearly every day
Little interest or pleasure in doing things	jn	jn	jn	jn
Feeling down, depressed or hopeless	jn	jn	jn	jn

Recommendations

Thank you for completing the health questions. You will have testing done at the meeting and will hand over your questions to the staff at that time. After the testing you will be provided confidential one-to-one meeting with a health care provider who will go over the findings and recommendations. You will be provided with reports of any testing you will have done.