

# PERSONAL HEALTH ASSESSMENT



## COMPREHENSIVE QUESTIONNAIRE



## Health and Lifestyle

How many **members of your family** have now, or have had in the past, any of the following before the age of 70? (Include grandparents, parents, brothers, sisters, half-brothers, half-sisters and children.)

- |                                  | A | B | C | D | E                     | F                     |
|----------------------------------|---|---|---|---|-----------------------|-----------------------|
|                                  | 0 | 1 | 2 | 3 | 4+                    | don't know            |
| 11. Heart Attack                 |   |   |   |   | <input type="radio"/> | <input type="radio"/> |
| 12. Abdominal Aortic Aneurysm    |   |   |   |   | <input type="radio"/> | <input type="radio"/> |
| 13. Stroke                       |   |   |   |   | <input type="radio"/> | <input type="radio"/> |
| 14. High Blood Pressure          |   |   |   |   | <input type="radio"/> | <input type="radio"/> |
| 15. Diabetes                     |   |   |   |   | <input type="radio"/> | <input type="radio"/> |
| 16. Cancer                       |   |   |   |   | <input type="radio"/> | <input type="radio"/> |
| 17. Alcoholism                   |   |   |   |   | <input type="radio"/> | <input type="radio"/> |
| 18. Depression/emotional illness |   |   |   |   | <input type="radio"/> | <input type="radio"/> |

Have you ever been **diagnosed, or treated for** any of the following conditions?

- |                                  | A  | B                    | C                      | D                     |
|----------------------------------|----|----------------------|------------------------|-----------------------|
|                                  | no | yes,<br>no treatment | yes,<br>treated before | yes,<br>treated now   |
| 19. Heart Attack                 |    |                      | <input type="radio"/>  | <input type="radio"/> |
| 20. Angina (chest pain)          |    |                      | <input type="radio"/>  | <input type="radio"/> |
| 21. Heart Murmur                 |    |                      | <input type="radio"/>  | <input type="radio"/> |
| 22. Stroke                       |    |                      | <input type="radio"/>  | <input type="radio"/> |
| 23. High blood pressure          |    |                      | <input type="radio"/>  | <input type="radio"/> |
| 24. Diabetes                     |    |                      | <input type="radio"/>  | <input type="radio"/> |
| 25. Cancer                       |    |                      | <input type="radio"/>  | <input type="radio"/> |
| 26. Alcoholism                   |    |                      | <input type="radio"/>  | <input type="radio"/> |
| 27. Depression/emotional illness |    |                      | <input type="radio"/>  | <input type="radio"/> |

28. How **tall** are you?
- feet  2  3  4  5  6  7
- inches  0  1  2  3  4  5  6  7  8  9  10  11

29. How much do you **weigh**?  
Indicate to the nearest pound.  
(If you are pregnant, record your usual weight.)

100  200  300

10  20  30  40  50  60  70  80  90

1  2  3  4  5  6  7  8  9

30. What do you consider to be your **best weight**?

100  200  300

10  20  30  40  50  60  70  80  90

1  2  3  4  5  6  7  8  9

31. Would you **like** to:

A **lose weight**

B **maintain weight**

C **gain weight**

32. Measure your **waist** at the level of your navel. Be relaxed--be honest. Record to the nearest half-inch over light clothing or no clothing. Use a cloth or paper tape (one-step method), or use a string or twine around the waist and then measure

the distance on the string with a ruler or yardstick (two-step method).

10  20  30  40  50  60  70  80  90

1  2  3  4  5  6  7  8  9

1/2

33. Measure the circumference around your **buttocks/hips**, where it is largest (about 4 to 6 inches below your navel). Record to the nearest half-inch.

10  20  30  40  50  60  70  80  90

1  2  3  4  5  6  7  8  9

1/2

34. Measure your **wrist** circumference at its narrow point an inch or two from your hand (where most people wear a wrist watch). Record to the nearest quarter inch.

10  20  30  40

1  2  3  4  5  6  7  8  9

1/4  1/2  3/4

## Health and Lifestyle (cont.)

35. Do you **smoke cigarettes**?
- A **Have never smoked or quit over 15 years ago**
  - B **Have quit between 6 and 15 years ago**
  - C **Have quit between 2 and 5 years ago**
  - D **Have quit less than 2 years ago**
  - E **Smoke one pack of cigarettes or less a day**
  - F **Smoke more than one pack of cigarettes a day**

**If you have never smoked cigarettes, skip questions 36 and 37 and go to question 38.**

36. How many **years** have you smoked or did you smoke?

10  20  30  40  50  60  70  80  90

1  2  3  4  5  6  7  8  9

37. During the period of time you smoked, how many **packs per day** (average) did you smoke?

A **1 or less**  
 B **2**  
 C **3**  
 D **4+**

38. Do you smoke **cigars or pipe(s)**?

A **no**  
 B **yes**

39. Do you use **smokeless tobacco** (chewing tobacco, dip or snuff)?

A **no**  
 B **yes**

## Safety

### In your vehicle

40. How often do you wear a **seat belt**?

A **never**  
 B **1-25% of the time**  
 C **26-50% of the time**  
 D **51-75% of the time**  
 E **76-99% of the time**  
 F **100% of the time**

41. Do you ever drive a vehicle soon **after drinking** alcoholic beverages?

A **no**  
 B **yes**

### In your home

42. Do you have a working **fire extinguisher** in your home?

A **no**  
 B **yes**

43. Do you have working **smoke/fire alarms**?

A **no**  
 B **yes**

## Nutrition

Please indicate the **number of daily servings** you eat of the following types of food (questions 44-49).

0  1  2  3  4  5  6+

44. How many servings of **protein** do you eat daily? (For example: a 3-oz serving of beef, pork, lamb, poultry, veal or fish; or a 1/2 cup serving of dried beans; 1 egg; or 2 tablespoons of peanut butter.)

0  1  2  3  4  5  6+

45. How many servings of **vegetables** do you eat daily? (For example: 1 cup of raw leafy vegetables; or 1/2 cup of cooked vegetables; 3/4 cup of vegetable juice.)

0  1  2  3  4  5  6+

46. How many servings of **fruit** do you eat daily? (For example: 1 small piece of fruit; or 1/2 cup of chopped fruit; 3/4 cup of fruit juice.)

0  1  2  3  4  5  6+

47. How many servings of **grains and grain products** do you eat daily? (For example: a 1/2 cup serving of cereal, pasta or rice; or 1 slice of bread.)

0  1  2  3  4  5  6+

48. Are you "lactose intolerant"? That is, do you have difficulty digesting milk and milk products?

**either**

**If No:** How many servings of **milk and milk products** (whole or low-fat) do you drink and eat daily? (For example: 1 cup of milk, yogurt or pudding; or 1-1/2 ounces of cheese; 2 cups of cottage cheese.)

0  1  2  3  4  5  6+

**or**

**If Yes:** Do you take **dietary supplements** on a regular basis, that contain calcium?

**no**  **yes**

49. How many servings of foods containing **fat and cholesterol** do you eat daily? (For example: red meat, organ meat, gravy, cheese, butter, eggs, whole milk, cream. Refer to question 44 and 48 for serving size.)

0  1  2  3  4  5  6+

50. How much **sugar** do you use?

A **none, and little or no artificial sweeteners**  
 B **only use artificial sweeteners**  
 C **occasionally use sugar or eat sweet treats**  
 D **use sugar every day (in coffee, on cereal) and/or have a sweet dessert or snack at least once a day**  
 E **consider myself a heavy sugar user**

51. How much **salt** do you use?

A **do not add salt at the table**  
 B **sparingly, use on a few foods**  
 C **moderately, use on some foods**  
 D **consider myself a heavy salt user**

## Nutrition (cont.)

52. How many beverages containing **caffeine** do you drink in a day? (For example: coffee, tea, cocoa, and many soft drinks.)

- A none
- B 1-2 8 oz. servings
- C 2-5 8 oz. servings
- D 6-10 8 oz. servings
- E 11 or more 8 oz. servings

53. How many drinks of **alcohol** do you have in an average week?

- 10
- 20
- 30
- 40
- 50
- 60
- 70
- 80
- 90

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

54. How would you describe your use of **alcoholic beverages**?

- A do not drink
- B drink almost daily
- C drink only on weekends
- D go on a "binge" every so often
- E have an occasional drink

Please indicate how often you eat the following foods. (Question 55-60.)

- A twice a week or less
- B 2-6 times a week
- C once daily
- D 2 or 3 times a day
- E 4 or more times daily

55. How often do you eat **fried foods**?

- A
- B
- C
- D
- E

56. How often do you eat **fast foods** or convenience foods such as frozen dinners?

- A
- B
- C
- D
- E

57. How often do you eat food rich in **Vitamin C**? (For example: oranges, grapefruit, strawberries, peppers, broccoli.)

- A
- B
- C
- D
- E

58. How often do you eat vegetables or fruits that are **yellow** or have **dark green leaves**? (For example: carrots, squash, spinach, apricots, peaches and melons.)

- A
- B
- C
- D
- E

59. How often do you eat vegetables that are a member of the **cabbage** family? (For example: Brussels sprouts, broccoli, cabbage, cauliflower, radishes, horseradish, watercress.)

- A
- B
- C
- D
- E

60. How often do you eat foods that have been **smoked, salt-pickled, or char-broiled on an open flame**? (For example: ham, bacon, hot dogs, bologna, smoked fish, any flame-broiled meat.)

- A
- B
- C
- D
- E

## Stress

The following conditions often accompany stress. Indicate **how often** you experience each of these.

- A almost always
- B frequently
- C occasionally
- D seldom
- E never

61. Tension headache  A  B  C  D  E

62. Migraine headache  A  B  C  D  E

63. Profound fatigue  A  B  C  D  E

64. Insomnia or restless sleep  A  B  C  D  E

65. Nervous stomach  A  B  C  D  E

66. Difficulty breathing  A  B  C  D  E

67. Tightness in chest  A  B  C  D  E

68. Muscle tension in neck/shoulder/jaw  A  B  C  D  E

69. Lower back pain  A  B  C  D  E

70. Hives  A  B  C  D  E

71. Heartburn or Indigestion  A  B  C  D  E

72. What potential **stress factors** have you experienced recently? Mark ALL that apply.

- A moved to a new residence
- B married, divorced or separated
- C lost a loved one
- D changed or lost a job
- E had an emotional illness
- F care giver for a dependent person
- G experienced financial stress or loss of income
- H had a problem teenager or other stressful family member in the home
- I excessive work deadlines/overtime
- J lack of exercise

73. How often do you feel "really stressed" and/or **angry**?

- A rarely
- B sometimes
- C about half the time
- D most of the time at work
- E most of the time at home
- F most of the time

## Physical Activity/Exercise

74. How do you **rate your health** compared to that of other people your age?
- (A) **good**
  - (B) **fair**
  - (C) **poor**

75. Do you have any **physical disability** or **impairment** that prevents you from engaging in most normal physical activities?
- (A) **no**
  - (B) **temporary impairment**
  - (C) **minor permanent impairment**
  - (D) **major permanent impairment**

How many **days per week** do you participate in the following activities?

Days per week  
0 1 2 3 4 5 6 7

76. **Stretching/Flexibility Exercises**  
How many days per week do you do **flexibility** exercises such as bending, stretching, and twisting, for 10 minutes or more?

0 1 2 3 4 5 6 7

77. **Muscle Strength and Endurance**  
How many days per week do you exercise to improve **strength and endurance**, using free weights, weight training machines or calisthenics, for 30 minutes or more?

0 1 2 3 4 5 6 7

78. **Aerobic Exercise**  
How many days per week do you engage in **aerobic activity** - continuous, rhythmic activity for 30 minutes or more? (Examples: fast walking, jogging, dancing, swimming, bicycling, etc.)

0 1 2 3 4 5 6 7

79. **Physical Labor**  
How many days per week do you do **physical labor** (caring fairly heavy objects, digging, raking, etc.) for 60 minutes or more?

0 1 2 3 4 5 6 7

80. **Sports/Recreation**  
How many days per week do you participate in some form of **sports or recreational activity** (for 30 minutes or more), such as golf, racquet sports, softball, dancing, volleyball, bowling, etc.?

0 1 2 3 4 5 6 7

81. **Walking**  
How many days per week do you **walk** (or equivalent activity) for at least 20 minutes at a time?

0 1 2 3 4 5 6 7

## Examinations

82. How often do you have a thorough **physical examination**?
- (A) **never**
  - (B) **every few years**
  - (C) **every year**

83. How often do you have your **eyes** examined?
- (A) **never**
  - (B) **every few years**
  - (C) **every year**

84. How often do you have your **hearing** tested?
- (A) **never**
  - (B) **every few years**
  - (C) **every year**

85. How often do you have a **dental** exam?
- (A) **never**
  - (B) **every few years**
  - (C) **every year**
  - (D) **every six months or less**

86. How often do you have your **stool** (feces) tested for blood?
- (A) **never**
  - (B) **every 4 years or more**
  - (C) **every 2-3 years**
  - (D) **every year**

87. How often do you have a **proctoscopic** exam (examination of the colon and rectum)?
- (A) **never**
  - (B) **every 3-5 years**
  - (C) **every 1-3 years**

- 
88. What is your **cholesterol** level?
- (A) **high**
  - (B) **normal**
  - (C) **do not know**

89. What is your **blood pressure** level?
- (A) **high**
  - (B) **normal**
  - (C) **do not know**

**For Women Only**

90. Do you know the proper **technique/procedure** for breast self-examination?  
Ⓐ **no**  
Ⓑ **yes**
91. How often do you **examine** your breasts for lumps?  
Ⓐ **never**  
Ⓑ **every few months**  
Ⓒ **every month**
92. How often does a **doctor or nurse** examine your breasts for lumps?  
Ⓐ **never**  
Ⓑ **every 2-5 years**  
Ⓒ **every year**
93. How often do you have a **mammogram** (breast x-ray)?  
Ⓐ **never**  
Ⓑ **every few years**  
Ⓒ **every year**
94. Do you take **birth control pills**?  
Ⓐ **no**  
Ⓑ **yes**
95. Do you take **estrogen** (female hormone) other than birth control pills?  
Ⓐ **no**  
Ⓑ **yes**
96. How often do you have a **Pap Smear**?  
Ⓐ **almost never**  
Ⓑ **every few years**  
Ⓒ **every two years**  
Ⓓ **every year**
97. Have you ever had an **abnormal** Pap Smear?  
Ⓐ **no**  
Ⓑ **yes**

**For Men Only**

98. How often do you have a **prostate** exam and/or a **PSA** test?  
Ⓐ **almost never**  
Ⓑ **every few years**  
Ⓒ **every year**
99. How often do you examine your **testicles** for lumps?  
Ⓐ **never**  
Ⓑ **every few months**  
Ⓒ **every month**
100. How often are you **exposed** to ultraviolet light through outdoor sunlight or tanning booths?  
Ⓐ **almost never**  
Ⓑ **seldom or rarely**  
Ⓒ **sometimes/occasionally**  
Ⓓ **fairly often**  
Ⓔ **very often**

**Congratulations.** You've completed your health and lifestyle assessment questionnaire. If you would like information on the following topics, please mark ALL that apply.

In the future, I would be **interested** in the following health areas:

- Ⓐ **comprehensive medical checkup**
- Ⓑ **fitness evaluation**
- Ⓒ **blood pressure/cholesterol check**
- Ⓓ **weight management program**
- Ⓔ **nutrition counseling**
- Ⓕ **stress management program**
- Ⓖ **understanding depression and emotional illness**
- Ⓗ **how to protect oneself from sexually transmitted disease**
- Ⓘ **smoking cessation program**
- Ⓙ **exercise/fitness program**
- Ⓚ **women's health program**
- Ⓛ **medical self-care program**
- Ⓜ **register for organ donation**
- Ⓝ **pre-retirement planning**
- Ⓞ **planning for aging:**
  - **living will**
  - **durable power of attorney**
  - **advance healthcare directions**

## Clinical Measures

A health care professional will complete the following clinical information.

### Height

feet (4) (5) (6) (7)

inches (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)

### Weight (in pounds)

(100) (200) (300) (400)  
(10) (20) (30) (40) (50) (60) (70) (80) (90)  
(1) (2) (3) (4) (5) (6) (7) (8) (9)

### Resting Heart Rate (bpm)

(100)  
(10) (20) (30) (40) (50) (60) (70) (80) (90)  
(1) (2) (3) (4) (5) (6) (7) (8) (9)

### Resting Blood Pressure

#### Systolic (mmHg)

(100) (200)  
(10) (20) (30) (40) (50) (60) (70) (80) (90)  
(1) (2) (3) (4) (5) (6) (7) (8) (9)

#### Diastolic (mmHg)

(100)  
(10) (20) (30) (40) (50) (60) (70) (80) (90)  
(1) (2) (3) (4) (5) (6) (7) (8) (9)

### Blood Chemistry

fasting, or  non-fasting

#### Total Cholesterol (mg/dl)

(100) (200) (300) (400) (500) (600) (700) (800) (900)  
(10) (20) (30) (40) (50) (60) (70) (80) (90)  
(1) (2) (3) (4) (5) (6) (7) (8) (9)

#### HDL (mg/dl)

(100)  
(10) (20) (30) (40) (50) (60) (70) (80) (90)  
(1) (2) (3) (4) (5) (6) (7) (8) (9)

#### Triglycerides (mg/dl)

(100) (200) (300) (400) (500) (600) (700) (800) (900)  
(10) (20) (30) (40) (50) (60) (70) (80) (90)  
(1) (2) (3) (4) (5) (6) (7) (8) (9)

#### Glucose (mg/dl)

(100) (200) (300) (400) (500)  
(10) (20) (30) (40) (50) (60) (70) (80) (90)  
(1) (2) (3) (4) (5) (6) (7) (8) (9)

### Body Composition

#### Direct (%Fat)

(10) (20) (30) (40) (50) (60)  
(1) (2) (3) (4) (5) (6) (7) (8) (9)

#### Skinfolds

##### Triceps (F)

(100)  
(10) (20) (30) (40) (50) (60) (70) (80) (90)  
(1) (2) (3) (4) (5) (6) (7) (8) (9)

##### Scapula (F)

(100)  
(10) (20) (30) (40) (50) (60) (70) (80) (90)  
(1) (2) (3) (4) (5) (6) (7) (8) (9)

##### Ilium (F)

(100)  
(10) (20) (30) (40) (50) (60) (70) (80) (90)  
(1) (2) (3) (4) (5) (6) (7) (8) (9)

##### Thigh (M&F)

(100)  
(10) (20) (30) (40) (50) (60) (70) (80) (90)  
(1) (2) (3) (4) (5) (6) (7) (8) (9)

##### Chest (M)

(10) (20) (30) (40) (50) (60) (70) (80) (90)  
(1) (2) (3) (4) (5) (6) (7) (8) (9)

##### Abdomen (M)

(100)  
(10) (20) (30) (40) (50) (60) (70) (80) (90)  
(1) (2) (3) (4) (5) (6) (7) (8) (9)

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