Personal Health Assessment

Instructions:
Please fill in your responses like this using a No. 2 pencil.

Incorrect Marks

Cancer Questionnaire

All data collected and processed will be kept <u>strictly confidential.</u>

1. **Name:** Please Print

   Last

   First M.I.

2. **ID#** (optional)

3. **Age**
   ⑩ ⑳ ㉚ ㊵ ㊿ 60 70 80 90
   ⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

4. **Sex** ○ **Male** ○ **Female**

5. **Describe your present weight?**
   - ○ Very overweight
   - ○ Overweight
   - ○ Right weight
   - ○ Under weight

6. **How would you describe your weekly exercise activity?**
   - ○ Very active
   - ○ Moderate
   - ○ Lightly active
   - ○ No activity

7. **Have you been exposed on a regular basis to hazardous or toxic materials such as: asbestos, coal, cotton, or wood dust, vinyl chloride, nickel chromate, radioactive materials?**
   ○ No ○ Yes

8. **How many members of your family (grandparents, parents, brothers, sisters, children) have ever had cancer before the age of 60?**
   ⓪ ① ② ③ ④+ ○ Don't know

9. **What types of cancer did they have?**
   - ○ Breast
   - ○ Colon
   - ○ Lung
   - ○ Prostate
   - ○ Skin
   - ○ Other/don't know

10. **Do you have, or have had, any type of cancer?**
    - ○ No
    - ○ Yes, no treatment
    - ○ Yes, treated before
    - ○ Yes, treated now

11. **Do you sunbathe often, use a tanning salon frequently, or spend a lot of time in the sunlight?**
    ○ No ○ Yes

12. **Have you noticed any change in size, shape, or color of any moles you may have?**
    ○ No ○ Yes

13. **<u>Women Only:</u> Do you have an annual mammogram?**
    ○ No ○ Yes
    How often do you perform self breast examinations?
    - ○ Monthly
    - ○ Every few months
    - ○ Seldom
    - ○ Never

14. **<u>Men Only:</u> Do you have an annual PSA/rectal exam?**
    ○ No ○ Yes
    How often do you perform self-testicular exams?
    - ○ Monthly
    - ○ Every few months
    - ○ Seldom
    - ○ Never

15. Do you smoke cigarettes?

- Have never smoked or quit over 15 years ago
- Have quit between 6 and 15 years ago
- Have quit between 2 and 5 years ago
- Have quit less than 2 years ago
- Smoke less than one pack of cigarettes a day
- Smoke more than one pack of cigarettes a day

16. Do you use smokeless tobacco (dip or chew)?

- No
- Consume a can or plug every 4 days or more
- Consume a can or plug every 1 to 3 days

17. Do you smoke cigars or pipes?

- No
- Yes

18. How many drinks of alcohol do you have in an average week? Consider a drink: a glass of wine, a bottle/can of beer, or 1 1/2 ounces of liquor.

10 20 30 40

0 1 2 3 4 5 6 7 8 9

Questions 19 - 25:

Please indicate how often you eat the following foods.

A = Twice a week or less
B = 3 - 6 times per week
C = Once daily
D = 2 - 3 times per day
E = 4 or more times daily
F =Never

19. How often do you eat foods containing animal fat/ cholesterol? Examples are: red meat, organ meats, gravy, cheese, butter, eggs, whole milk, pastries.

A B C D E F

20. How often do you eat grains and grain products? Examples are: bread, cereal, pasta, rice.

A B C D E F

21. How often do you eat foods rich in Vitamin C? Examples are: oranges: grapefruits, kiwi, strawberries, lemons, peppers, broccoli.

A B C D E F

22. How often do you eat vegetables or fruits that are yellow or have dark green leaves? Examples are: carrots, squash, spinach, apricots, peaches, melons.

A B C D E F

23. How often do you eat vegetables that are members of the cabbage family? Examples are: Brussels sprouts, broccoli, cabbage, cauliflower, radishes.

A B C D E F

24. How often do you eat foods that have been smoked and/or salt-pickled? Examples are: ham, bacon, smoked fish, hot dogs, many 'cold cuts'.

A B C D E F

25. How often do you eat foods that are charbroiled (cooked on an open flame)?

A B C D E F

Questions 26-29:

When do you feel that you would be ready to work on the following?

A = Not an issue
B = Not ready to change
C = Willing to change soon
D = Willing to change in the future

26. Exercise routine — A B C D
27. Diet and nutrition — A B C D
28. Weight control — A B C D
29. Tobacco use — A B C D

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