

EXAMINATIONS

- 25 How often do you have a thorough **physical exam**?
- A almost never
 - B every few years
 - C every year
- 26 How often do you have a **proctoscopic** exam (examination of the colon and rectum)?
- A almost never
 - B every few years
 - C every year

For Women Only

- 27 How often do you have a **Pap** smear?
- A almost never
 - B every few years
 - C every two years
 - D every year
- 28 How often do **you** examine your breasts for lumps?
- A almost never
 - B every few months
 - C every month
- 29 How often does a **doctor or nurse** examine your breasts for lumps?
- A almost never
 - B every few years
 - C every year
- 30 How often do you have a **mammogram** (breast X-ray)?
- A almost never
 - B every few years
 - C every year

For Men Only

- 31 How often do you have a **prostate** exam and/or a **PSA** test?
- A almost never
 - B every few years
 - C every year
- 32 How often do you **examine** your testicles for lumps?
- A almost never
 - B every few months
 - C every month

LIFESTYLE BEHAVIORS

- 33 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 less than one pack of cigarettes a day
 - F smoke more than one pack of cigarettes a day
- 34 Do you use **smokeless tobacco** (dip or chew)?
- A do not dip or chew
 - B consume a can or plug every 4 days or more
 - C consume a can or plug every 1 to 3 days
- 35 Do you smoke **cigars or pipe(s)**?
- A no
 - B yes
- 36 How many drinks of **alcohol** do you have in an average week? Consider a drink to be one glass of wine, or one wine cooler, or one bottle/can of beer, or 1-1/2 ounces of liquor.
- 10 20 30 40 50 60
- 0 1 2 3 4 5 6 7 8 9
- 37 How would you describe your use of **alcoholic beverages**?
- A do not drink alcoholic beverages
 - B drink almost every day
 - C drink only on weekends
 - D go on a "binge" every so often
 - E have an occasional drink

SAFETY

- 38 How often do you wear a **seat belt**?
- A almost never
 - B about half of the time
 - C over 90% of the time
- 39 Do you ever drive a vehicle **soon after** (within 2 hours) drinking alcoholic beverages?
- A no
 - B yes
- 40 Do you have a working **fire extinguisher(s)** in your home?
- A no
 - B yes
- 41 Do you have working **smoke alarm(s)** in your home?
- A no
 - B yes

STRESS

42 What potential **stress factors** have you experienced in the past year or so? Please mark ALL that apply.

- moved to a new residence
- married, divorced or separated
- lost a loved one
- changed or lost a job
- had an emotional illness
- care giver for a dependent person
- financial stress or loss of income
- stressful family member in the home
- excessive work deadlines/overtime

The following conditions often accompany stress. Indicate **how often** you experience each (question 39 - 47).

- almost always
- frequently
- occasionally
- seldom
- never

- 43 Tension/migraine headache A B C D E
- 44 Insomnia/restless sleep A B C D E
- 45 Nervous stomach A B C D E
- 46 Difficulty breathing A B C D E
- 47 Tightness in chest A B C D E
- 48 Muscle tension in neck/shoulder/jaw A B C D E
- 49 Lower Back Pain A B C D E
- 50 Hives A B C D E
- 51 Peptic ulcer A B C D E

NUTRITION

Please indicate the **number of daily servings** you eat of the following types of food (questions 48 - 55).

0 1 2 3 4 5 6+

- 52 How many servings of **protein** do you eat daily? (For example: a 3-oz serving of beef, pork, poultry, fish; 1/2 cup of dried beans; 1 egg; 2 tablespoons of peanut butter.) 0 1 2 3 4 5 6+
- 53 How many servings of **vegetables** do you eat daily? (For example: 1 cup of raw leafy vegetables; 1/2 cup of cooked vegetables; 3/4 cup of vegetable juice.) 0 1 2 3 4 5 6+
- 54 How many servings of **fruit** do you eat daily? (For example: 1 small piece of fruit; 1/2 cup of chopped fruit; 3/4 cup of fruit juice.) 0 1 2 3 4 5 6+
- 55 How many servings of **grains** and **grain products** do you eat daily? (For example: 1/2 cup of cereal, pasta or rice; 1 slice of bread.) 0 1 2 3 4 5 6+
- 56 Are you able to **digest milk** and milk products without any problem?
 - no
 - yes
- 57 How many servings of **milk** and **milk products** (whole or low-fat) do you eat and drink daily? (For example: 1 cup of milk, yogurt or pudding; 1 1/2 oz of cheese; 2 cups of cottage cheese.) 0 1 2 3 4 5 6+
- 58 Do you take dietary supplements that contain **calcium**?
 - no
 - yes
- 59 How many servings of foods containing **fat** and/or **cholesterol** do you eat daily? (For example: 3-oz or more of red meat or organ meat; 2 tablespoons of gravy; 1 1/2-oz of cheese; 1 tablespoon of butter; 1 cup of whole milk; 2 tablespoons of cream; 1/2 cup of ice cream; 2 tablespoons of mayonnaise.) 0 1 2 3 4 5 6+

EXERCISE AND PHYSICAL ACTIVITY

- 60 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)
- 61 How many days per week do you do **muscle strength** and **endurance** exercises such as calisthenics, free weights or heavy lifting? (0) (1) (2) (3) (4) (5) (6) (7)
- 62 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)
- 63 How many days per week do you engage in **aerobic activity** - continuous, rhythmic activity - for 30 minutes or more at a time? (Examples: fast walking; jogging; dancing; swimming; bicycling; etc.) (0) (1) (2) (3) (4) (5) (6) (7)

BACK CARE

- 64 Have you experienced **discomfort/pain** in your back that lasted a day or more?
(A) no
(B) a few times
(C) many times
- 65 During the course of your typical week, how often do you **sit** for extended periods of time, or **lift** heavy objects?
(A) very seldom
(B) frequently
(C) daily
- 66 Do you currently do any of the following **back care measures**? Select ALL that apply.
(A) regular exercise
(B) exercises for the back
(C) good body mechanics/posture while lifting or sitting
(D) none of the above

Mailing Address: Please print your mailing address.

Street: _____

City, State, Zip: _____

Phone Number: () _____

All data collected and processed will be kept strictly confidential.

READINESS TO CHANGE

When do you feel that you'll be **ready** to work on improving the following issues (questions 63 - 73)?

- (A) not and issue
(B) not willing to change
(C) over 6 months from now
(D) within six months
(E) within 30 days
(F) now

- 67 Blood Pressure Level (A) (B) (C) (D) (E) (F)
68 Cholesterol Level (A) (B) (C) (D) (E) (F)
69 Exercise Routine (A) (B) (C) (D) (E) (F)
70 Diet and Nutrition (A) (B) (C) (D) (E) (F)
71 Weight Control (A) (B) (C) (D) (E) (F)
72 Stress/Depression (A) (B) (C) (D) (E) (F)
73 Tobacco Use (A) (B) (C) (D) (E) (F)
74 Alcohol Use (A) (B) (C) (D) (E) (F)
75 Safety Practices (A) (B) (C) (D) (E) (F)
76 Preventive Exams (A) (B) (C) (D) (E) (F)
77 Back Care (A) (B) (C) (D) (E) (F)

CLINICAL MEASURES: Please use the most recent values that you know. These can include values from an MD office visit in the last year. If you do not know the actual numerical values, please indicate if the value was good, fair, or poor.

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)

or
(A) good

- (B) fair
(C) poor
(D) do not know

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)

or
(A) good

- (B) fair
(C) poor
(D) do not know

Bodyfat %

(10) (20) (30) (40) (50) (60)
(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)

or

- (A) good
(B) fair
(C) poor
(D) do not know

Triglycerides (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)

or

- (A) good
(B) fair
(C) poor
(D) do not know

Glucose (mg/dl)

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

or

- (A) good
(B) fair
(C) poor
(D) do not know