Complete health check up questionnaires for adults and adolescents

Name:
Age:
Date:

Please circle your answer
Y=yes   N=no   X=not sure or not applicable

General safety

Do you always wear a seat belt?   Y   N   X
Do you always wear a helmet when you ride on a bicycle, motorcycle?   Y   N   X
Do you have a smoke detector on each floor of your home?   Y   N   X
Do you regularly check each smoke detector?   Y   N   X
Do you regularly protect your hearing against excessive noise?   Y   N   X
If you are 64+, do you have hazards (such as loose carpets, exposed extension cords, and stairs with no handrails) in your home that could cause you or someone else to fall or be injured?   Y   N   X

Dental hygiene

Do you brush your teeth with fluoride toothpaste every day?   Y   N   X
Floss you teeth?   Y   N   X
Have you seen a dentist in the past year?   Y   N   X

Stress manage

During the past month, have you often felt down, depressed or hopeless?   Y   N   X
Have you often had little interest or pleasure in doing things?   Y   N   X
If you answer yes to both questions, please fill out the depression questionnaires.

Physical activity and exercise

Do you do physical activities consistently 30 minutes or more a day over the course of most days of the week?   Y   N   X

Preconception

If you are planning to be, or could get pregnant, are you taking a folic acid supplement?   Y   N   X

Potential risk behaviors

Do you smoke?   Y   N   X
If you are a smoker, would you like to quit?   Y   N   X
              Have you ever tried to quit before?   Y   N   X
              Are you interested in medication to help you quit?   Y   N   X
Are you interested in a smoking cessation program to help you quit?   Y   N   X
Do you have a quit date in mind?   Y   N   X

Do you ever feel annoyed if someone mentions your drinking or drug use?   Y   N   X
              Feel guilty about drinking or using drugs?   Y   N   X
Drink or use drugs as soon as you get up in the morning?   Y   N   X
Use alcohol or drugs when you are involved in activities such as driving, boating, cycling, or swimming?
                                                                         Y   N   X

If you are sexually active, do you take precautions to prevent an unplanned pregnancy?   Y   N   X
Always use a condom to protect yourself from sexually transmitted infections?   Y   N   X
Avoid high risk sexual behavior?   Y   N   X

Diet

Are you eating the right number of calories every day?   Y   N   X
Do you limit your intake of fat and cholesterol?   Y   N   X
Do you emphasize grains (such as cereals, whole grain breads, pasta, and rice), fruits, and vegetables in
your daily diet?   Y   N   X
Do you take in enough calcium and vitamin D for a healthy body and bones?   Y   N   X

Things to ask or tell the doctor: