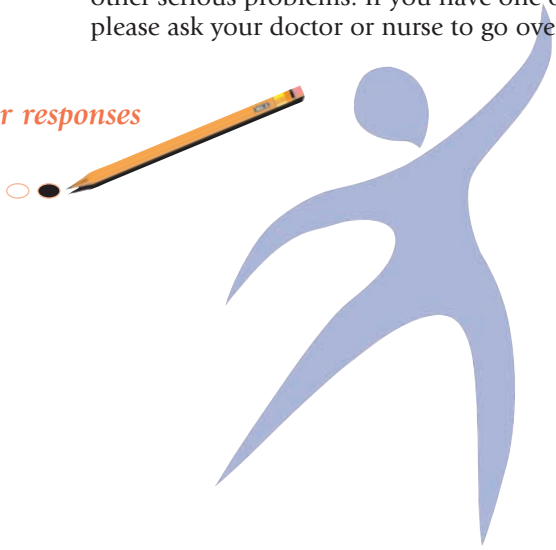


Personal Health Analysis

This questionnaire will ask you about your health and lifestyle habits. Your answers and personal report will be kept strictly confidential. Your report will give you information about your major health risks, your healthy habits, and habits you might change to reduce your risks.

This Health Risk Appraisal is NOT a substitute for a physical check-up; it can not tell you if you are sick. It can give you ideas for healthy living and for minimizing your risks of being sick or injured in the future. It is not designed for people who have heart disease, cancer, kidney disease, or have other serious problems. If you have one of these conditions and want to do a health risk appraisal, please ask your doctor or nurse to go over the report with you.

Please fill in your responses like this using a No. 2 Pencil



1. AGE - in years

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

Participant ID									
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

2. Sex

Male

Female

3. What was the highest level you completed in school?

- Grade school or less
- Some high school
- High school graduate
- Some college

- College graduate
- Post graduate or professional degree

Personal Health

4. How often do you eat chips, fried foods, red meats, cheese made from cream or whole milk, egg yolks, other high fat foods, or combination dishes made from these foods?

- Several times a day
- About once a day
- A few times a week

- Once a week
- Rarely or never

5. How often do you eat foods which are high in fiber? Foods such as beans, whole grains, cereals, fruits and vegetables, are high in fiber.

- 5 times a day or more
- 3 - 4 times a day
- 2 times a day or less

6. In an average week, how many times do you engage in physical activity (exercise or work which lasts at least 20 minutes without stopping and which is hard enough to make you breathe more heavily and your heart beat faster)?

- Less than 1 time a week
- 1 - 2 times a week
- 3 - 4 times a week
- 5 or more times a week

7. Have you ever had any of the following?

	Yes	No	Not Sure
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. In general, how satisfied are you with your life?

- Mostly satisfied
- Partly satisfied
- Not satisfied

9. Have you ever been told that you have high blood pressure?

- Yes, and I'm taking medication for it
- Yes, but I'm not taking any medication
- No

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

- Excellent
- Good
- Fair
- Poor

Tobacco Use

11. How many cigars do you usually smoke per day?

- None
- 1 or less
- 2 or more

12. How many pipes of tobacco do you usually smoke per day?

- None
- 1 or less
- 2 or more

13. How many times per day do you usually use smokeless tobacco (Chewing tobacco, snuff, pouches, etc.)?

- None
- 1 or less
- 2 or more

14. DO YOU SMOKE CIGARETTES? How would you describe your smoking habits?

- Never smoked GO TO QUESTION 18
- Used to smoke GO TO QUESTION 16
- Still smoke now GO TO QUESTION 15

Current smokers

Cigarettes now	
	0
	10 1
	20 2
	30 3
	40 4
	50 5
	60 6
	70 7
	80 8
	90 9

15. How many cigarettes a day do you smoke?
GO TO QUESTION 18

Former smokers

Years Quit	
	0
	10 1
	20 2
	30 3
	40 4
	50 5
	60 6
	70 7
	80 8
	90 9

Cigarettes before quit	
	0
	10 1
	20 2
	30 3
	40 4
	50 5
	60 6
	70 7
	80 8
	90 9

16. How many years has it been since you smoked cigarettes fairly regularly?
17. What was the average number of cigarettes per day that you smoked in the 2 years before you quit?

Traveling

18. In the next 12 months, how many thousands of miles will you probably travel by each of the following?
(Note: U.S. average for cars is 10,000 miles)

Car, truck or van Miles		,000
		0
		10 1
		20 2
		30 3
		40 4
		50 5
		60 6
		70 7
		80 8
		90 9

Motorcycle Miles		,000
		0
		10 1
		20 2
		30 3
		40 4
		50 5
		60 6
		70 7
		80 8
		90 9

19. If you ride a motorcycle, how often do you wear a helmet?

- Sometimes or never
- Always or almost always
- I don't ride a motorcycle

20. When you travel in a motor vehicle, is it USUALLY a:

- Compact or sub-compact car
- Mid or full-size car
- Truck, van or sports utility vehicle

21. What percent of the time do you usually buckle your safety belt when driving or riding?

- Never, 0%
- Seldom, 1-39%
- Sometimes, 40-79%
- Usually, 80-99%
- Always, 100%

22. On the average, how close to the speed limit do you usually drive?

- Within 5 mph
- 6-10 mph over
- 11-15 mph over
- More than 15 mph over

Alcohol Use

Drinking and driving	
	0
	10 1
	20 2
	30 3
	40 4
	50 5
	60 6
	70 7
	80 8
	90 9

23. How many times in the last month did you drive or ride when the driver had perhaps too much alcohol to drink?

Alcoholic drinks	
	0
	10 1
	20 2
	30 3
	40 4
	50 5
	60 6
	70 7
	80 8
	90 9

24. How many drinks of alcoholic beverages do you have in a typical week? A drink is a 12 oz. bottle or can of beer, a 5oz. glass of wine, a 12 oz. wine cooler, or a shot of liquor.



Women Only

25. At what age did you have your first menstrual period? 11 or under 12-13 14 or older
26. How old were you when your first child was born? No children 20-24 Over 29
 Under 20 25-29
- 26a. Are you currently pregnant? Yes No Not sure
27. How many women in your natural family (mother and sisters only) have had breast cancer? None 2 or more
 One Don't know
28. Have you had a hysterectomy operation (Removal of your uterus)? Yes No Not sure
29. How often do you examine your breasts for lumps? Monthly Rarely or never
 Once every few months
30. When did you last have your breasts examined by a physician or nurse? Within the past year More than 3 years ago
 1 to 2 years ago Never had a breast exam
 2 to 3 years ago
31. When did you last have a breast x-ray (Mammogram)? Within the past year More than 3 years ago
 1 to 2 years ago Never had a mammogram
 2 to 3 years ago
32. When did you last have a Pap smear? Within the past year More than 3 years ago
 1 to 2 years ago Never had a Pap smear
 2 to 3 years ago
33. When did you last have a rectal exam? Within the past year More than 3 years ago
 1 to 2 years ago Never had a rectal exam
 2 to 3 years ago

Men Only

34. When did you last have a rectal or prostate exam? Within the past year More than 3 years ago
 1 to 2 years ago Never had a rectal/
 2 to 3 years ago prostate exam
35. How often do you examine your testicles for lumps? Monthly Rarely or never
 Once every few months

Emotional Well-being

36. In the past year, have you had two weeks or more during which you felt sad, blue or depressed; or when you lost all interest or pleasure in things that you usually cared about or enjoyed? Yes No Not sure
37. Have you had 2 years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes? Yes No Not sure
38. Have you felt depressed or sad much of the time in the past year? Yes No Not sure
39. In the past year, how much effect has stress had on your life? A lot Barely any or none
 Some Not sure

Stages of Change

40. Are you interested in making a change in the following areas (Mark one best answer on each line)?

	Within 30 days	Within 6 months	Not within 6 months	I am practicing healthy behaviors and have been for...	
				Less than 6 months	More than 6 months
Alcohol use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diet and nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weight management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Clinical Measurements

42. What is your height?

Feet Inches (without shoes)

0	
1	
2	
3	
4	4
5	5
6	6
7	7
8	
9	
10	
11	

43. What is your weight?

Pounds (without clothes)

00	0	
100	10	1
200	20	2
300	30	3
400	40	4
500	50	5
600	60	6
700	70	7
800	80	8
900	90	9

44. What is your blood pressure?

Blood Pressure					
Systolic (High #)			Diastolic (Low #)		
00	0		00	0	
100	10	1	100	10	1
200	20	2	200	20	2
300	30	3			
400	40	4			
500	50	5			
600	60	6			
700	70	7			
800	80	8			
900	90	9			

41. Are your clinical measurements (see below) being taken by a health professional for this questionnaire?

- YES – fill in your current measures, or leave this section blank and have the health professional fill them in for you.
- NO – please fill in your most recent measures. If you don't remember the actual numbers, mark what you remember being told about your result.

45. If you do not know the numbers, has a doctor or nurse told you that your blood pressure measure was:

- Low or normal
- Somewhat high
- High
- Don't know
- Never measured



46. What is your percent body fat (if unknown, leave blank)?

47. What is your triglyceride level (based on blood test)?

48. What is your resting pulse?

49. What is your blood sugar (glucose) level?

Body Fat	Triglycerides	Resting Pulse	Blood Sugar
0	00	00	00
10	100	100	100
20	200	20	200
30	300	30	300
40	400	40	400
50	500	50	500
60	600	60	600
70	700	70	700
80	800	80	800
90	900	90	900

49a. If you reported a blood sugar (glucose) level, was it measured at a time when you had not eaten or drunk anything except water for at least 8 hours?

- Yes
- No
- Not sure

50. What is your total cholesterol?

Total Chol.	
00	0
100	10
200	20
300	30
400	40
500	50
600	60
700	70
800	80
900	90

52. What is your LDL cholesterol?

LDL Chol.	
00	0
100	10
200	20
300	30
400	40
500	50
600	60
700	70
800	80
900	90

53. What is your HDL cholesterol?

HDL Chol.	
00	0
100	10
200	20
300	30
400	40
500	50
600	60
700	70
800	80
900	90

51. If you do not know your total cholesterol level, has a doctor or nurse told you that it was:

- Low or normal
- High
- Never measured
- Somewhat high
- Don't know

54. If you do not know your HDL cholesterol level, has a doctor or nurse told you that it was:

- High or normal
- Low
- Never measured
- Somewhat low
- Don't know

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