

SEARHC Annual Health Screening - Thank you for answering the following questions before your exam:

How do you describe your tobacco use:

- I have never used tobacco
- I currently use tobacco
(check one or both) Smoke Chew
- I have been trying to quit for less than 6 months
- I have been quit for more than 6 months
- Someone in my home or workplace smokes and I am exposed to tobacco smoke

I would like to quit using tobacco Yes No

During the past 2 weeks, how often have you been bothered by any of the following problems:

- | | | | | |
|---|-------------------------------------|--|---|--|
| Little interest or pleasure
in doing things? | <input type="checkbox"/> Not at all | <input type="checkbox"/> Several
days | <input type="checkbox"/> More than
half the days | <input type="checkbox"/> Nearly every
day |
| Feeling down, depressed,
or hopeless? | <input type="checkbox"/> Not at all | <input type="checkbox"/> Several
days | <input type="checkbox"/> More than
half the days | <input type="checkbox"/> Nearly every
day |

I would like to talk to a counselor Yes No

Women: When was the last time you had more than 4 drinks in one day? _____

- Never Within the past month Within the past three months Over 3 months ago

Men: When was the last time you had more than 5 drinks in one day? _____

- Never Within the past month Within the past three months Over 3 months ago

In the past 12 months:

Have you felt you ought to cut down on your drinking? Yes No

Have people annoyed you by criticizing your drinking? Yes No

Have you ever felt bad or guilty about your drinking? Yes No

Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)? Yes No

I would like to talk to someone about drug or alcohol use. Yes No

Have you been hit, punched, or otherwise hurt by someone in the past year?

- Yes No Not now, but in the past

Does someone in your home frequently insult or blame you or put you down?

- Yes No Not now, but in the past

Does your current (or previous) partner make you feel unsafe?

- Yes No Not now, but in the past

I would like to talk to someone about my home situation. Yes No

SEARHC Annual Screening Form - 2008

Name: _____ **DOB:** _____ **Today's date:** _____



Rev. 7/24/2008

Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high?

Yes No Don't know Don't want to answer

Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

Yes No Don't know Don't want to answer

Have you ever been told by a doctor, nurse, or other health professional that you have diabetes?

Yes No Don't know Don't want to answer

Has a doctor, nurse, or other health professional ever told you that you had any of the following: heart attack (also called myocardial infarction), angina, coronary heart disease, or stroke?

Yes No Don't know Don't want to answer

Has your father, brother, or son had a stroke or heart attack before age 55?

Yes No Don't know Don't want to answer

Has your mother, sister, or daughter had a stroke or heart attack before age 65?

Yes No Don't know Don't want to answer

Has either of your parents, your brother or sister, or your child ever been told by a doctor, nurse, or other health professional that he or she has diabetes?

Yes No Don't know Don't want to answer

Are you currently taking medication for high cholesterol?

Yes No Don't know Don't want to answer

Are you currently taking medication for high blood pressure?

Yes No Don't know Don't want to answer

Are you currently taking medication for diabetes?

Yes No Don't know Don't want to answer

Please check your highest grade in school:

8th grade High School grad or GED Some high school
 Some college or higher Don't know Don't want to answer

Do you now smoke cigarettes?

Everyday Some days
 Not at all Don't Know
 Don't want to answer

How many cups of fruit do you usually eat each day?

Check one: 0 1 2 3 4 5 6 7 Not sure

How many cups of 100% fruit juice do you usually drink each day?

Check one: 0 1 2 3 4 5 6 7 Not sure

How many cups of vegetables do you usually eat each day?

Check one: 0 1 2 3 4 5 6 7 Not sure

In a usual week, how many days per week do you do **moderate** activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?

Check one: 0 1 2 3 4 5 6 7 Not Sure

On days when you do **moderate** activities for at least 10 minutes at a time, on average, how much total time per day do you spend doing these activities?

__ Hours and __ minutes per day Not Sure

SEARHC Annual Screening Form - 2008

Name: _____ DOB: _____ Today's Date: _____



SEARHC

SouthEast Alaska Regional Health Consortium

Rev. 7/24/2008