

# Questionnaire

## MEN'S HEALTH CHECK

Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Your general practitioner (GP) is there to treat you if you feel unwell, but also to prevent future health problems. One way of doing this is to identify existing or potential things that may affect your health (known as 'risk factors'). Your GP may want to detect an illness in its early stages so that it can be treated more effectively. This could involve tests such as checking your blood pressure.

Preventive care also includes the provision of advice on a healthy lifestyle, eg. Your GP may suggest cutting down on alcohol, exercising more, quitting smoked and/or eating healthier foods. You can prevent many illnesses by making some simple changes in the way you live. If you have a family history of, for example, heart disease or stroke, your GP may want to discuss this with you.

Please complete the following questions to help identify your risk factors.

### Family history

Do you have a family history of any of the following?

- |                              |                              |                             |                                 |
|------------------------------|------------------------------|-----------------------------|---------------------------------|
| • Heart disease              | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| • Diabetes                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| • Stroke                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| • Alcohol related conditions | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| • Mental illness             | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| • Bowel cancer               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| • Other types of cancer      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |

If yes, please list type and family relationship (eg. father, sister) \_\_\_\_\_

### Heart health

Have you had your blood pressure checked in the past 12 months?  Yes  No  Unsure

### Mental health

Over the past 2 weeks, have you felt down, depressed or hopeless?  Yes  No

Over the past 2 weeks, have you felt little interest or pleasure in doing things?  Yes  No

### Immunisation

In the past 10 years, have you had a tetanus vaccine?  Yes  No  Unsure

### Medications

Do you regularly use any over-the-counter drugs (eg. non-prescription drugs)?  Yes  No

Do you regularly use any herbal or other natural medicines?  Yes  No

Do you use any recreational drugs (eg. marijuana, speed, ice, ecstasy)?  Yes  No

### Cancer

When outside, do you wear sunscreen?  Always  Sometimes  Never

When outside, do you wear protective sun clothing (eg. hat, long sleeve top)?  Always  Sometimes  Never

## Lifestyle

Do you participate in more than 30 minutes of exercise/moderate activity on most days of the week (at least 2.5 hours per week)?

Yes  No

How many portions of fruit and vegetables

Do you usually eat each day?

None  1-2  3-4  5-6  7 or more

Examples of a single portion:

### Fruit

- 1 medium size apple, banana, orange or ¼ rock melon
- ½ cup of fruit juice
- 4 dried apricots or 1 ½ tablespoons of sultanas
- 1 cup of canned or fresh fruit salad

### Vegetables

- ½ cup of cooked vegetables (75g)
- 1 medium potato
- 1 cup of salad vegetables

Do you drink more than 2 standard alcoholic drinks per day?

Yes  No

Do you ever drink more than 4 standard alcoholic drinks on one occasion?

Yes  No

Do you smoke?

Yes  No

If yes, are you interested in quitting smoking?

Yes  No  Unsure

## For those aged 45 years or older

Have you had your cholesterol tested in the past 12 months?

Yes  No  Unsure

## For those aged 50 years and older

In the past 3 years, have you had a fasting blood sugar level taken to test for diabetes?

Yes  No  Unsure

In the past 2 years, have you used a special kit (bowel cancer testing kit) to test your stool (poo) for blood?

Yes  No  Unsure

In the past 5 years, have you had a urine test for protein levels?

Yes  No  Unsure

Have you discussed prostate cancer testing with your doctor?

Yes  No  Unsure

## For those aged 65 years and over

In the past 12 months have you had a flu vaccine?

Yes  No  Unsure

When was the last time you were immunised against pneumococcal pneumonia?

\_\_\_\_\_  Unsure

Have you had a fall in the past year?

Yes  No

Have you had your vision checked in the past year?

Yes  No

Have you had your hearing checked in the past year?

Yes  No

## What does all this mean for me?

Talk to you GP about what this means for you. Using this information, your GP will be able to help you identify your health risk factors and what tests, if any, you should have. Your GP can also help you improve your health by changing your lifestyle. Even if you feel healthy and don't think you need a GP, it is still a good idea to have regular health checks.