

Preventive Health Questionnaire for Adolescents & Adults

Please complete this questionnaire before you meet with your doctor.

We will be pleased to help, if you have any problems or questions.

Name:	Age (yrs):	Date:
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Please circle the most appropriate answer for each question: Y = Yes; N = No; X = Not applicable or Don't know

General Safety		
Do you always:		
• Wear a seat belt when you ride in a car or other motor vehicle?	Y N X	
• Wear a helmet when you ride on a bicycle, motorcycle, or all-terrain-vehicle (ATV)?	Y N X	
Do you:		
• Have a smoke detector on each floor of your home?	Y N X	
• Regularly test each smoke detector?	Y N X	
Do you regularly protect your hearing against excessive noise?	Y N X	
If you are over 64 years old:		
• 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 (every day):		
• Brush your teeth with a fluoride toothpaste?	Y N X	
• Floss your teeth?	Y N X	
• Have you seen a dentist in the past year?	Y N X	

Stress Management		
During the past month:		
• Have you often felt "down," "blue," depressed, or hopeless?	Y N X	
• Have you often had little interest or pleasure in doing things?	Y N X	

Physical Activity & Exercise		
Does your daily physical activity add up to at least 30 to 60 minutes? (Include each 5- to 10-minute interval of activity or exercise.)	Y N X	

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

Potential Risk Behaviours		
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 (STIs)?	Y N X	
• Avoid high-risk sexual behaviour?	Y N X	

Diet		
Are you eating the right number of calories (enough to maintain a healthy body weight) 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:	<div style="text-align: right; font-size: small;"> (Use back of page (, if necessary) </div>
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