



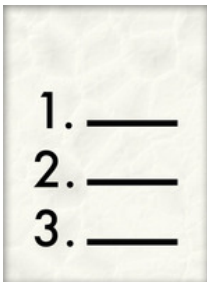
# Pre-Health Check Questionnaire



**Fill in these pages before you go to your health check. You can ask someone to help you with this.**



My Name \_\_\_\_\_



Things that have happened since my last health check.



Things that I want to ask at my health check.

## Jabs that keep you healthy



Have you had a flu jab in the last 12 months?

✓  or ✗

Have you ever had a jab for pneumonia and bronchitis?

✓  or ✗

Do you have a fear of jabs?

✓  or ✗



# Allergies

Do you suffer from any allergies?



or



Other \_\_\_\_\_

# Walking

Do you use any of these?



Can you choose what you eat?



or



What food do you eat?



A large, empty, rounded rectangular box for writing the answer to the question "What food do you eat?".



Do you exercise?



or



What exercise do you do?



A large, empty, rounded rectangular box for writing the answer to the question "What exercise do you do?".

## Unhealthy habits



Do you smoke?

✓  or ✗



Do you drink alcohol?

✓  or ✗



Do you take street drugs or smoke cannabis?

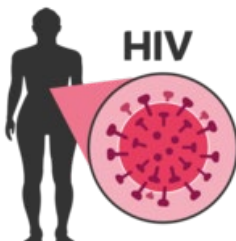
✓  or ✗

## Sexual activity



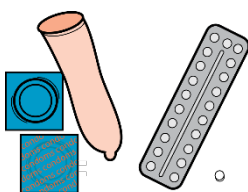
Are you in a relationship?

✓  or ✗



Have you had a sexual health check?

✓  or ✗



Do you use contraception?

✓  or ✗



## For women



Have you had breast screening?

✓  or ✗



Have you had cervical screening (Smear Test)?

✓  or ✗



Have there been changes in your menstrual cycle (period)?

✓  or ✗



## For men



Testicles

Have you had your testicles (balls) checked?

✓  or ✗

Are you between 65 and 74 years old?

65 - 74

✓  or ✗



Have you had AAA screening? (Abdominal Aortic Aneurysm)

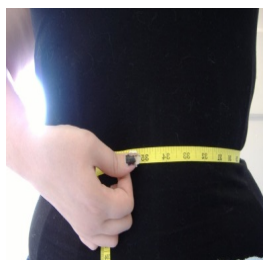
✓  or ✗



How tall are you?



What do you weigh?



What is your waist measurement?



Do you know your blood pressure?

Have you had your hearing checked?



or

When was your last appointment?



Do you go to the optician?

or

When was your last appointment?



Do you go to the dentist?

✓  or ✗

When was your last appointment?



Do you have pains in the chest or get puffed out easily?

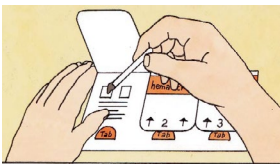
✓  or ✗

## Bowels

60 - 74

Are you between 60 and 74 years old?

✓  or ✗



Have you been offered bowel screening?

✓  or ✗





Do you have problems going for a wee?

✓  or ✗

Do you have problems going for a poo?

✓  or ✗



Do you have epilepsy?

✓  or ✗

If yes, how many seizures do you have a month?



Who is your epilepsy doctor or nurse?



Do you have diabetes?

✓  or ✗



Who is your diabetes doctor or nurse?





Have you had your feet checked?



or



When was your last foot appointment?



Have you noticed any unusual bruises or sores?



or



Have you noticed changes in any moles?



or



## Muscles and Bones

Do you find it hard to bend?



or





Do you find it hard to hold things?

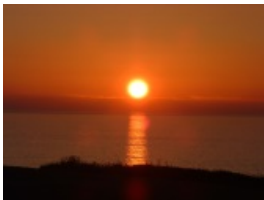
✓  or ✗



Do you find it hard to walk?

✓  or ✗

## Mental Health



Have there been any big changes in your life?  
For example, moving house, changing job, a  
relationship ending, losing someone special to  
you

✓  or ✗



Do you self-harm?

✓  or ✗



Have there been any other changes?

✓  or ✗

# Dementia

Do you think you have forgotten more things?



✓  or ✗

Have you started to have mood swings?



✓  or ✗



THANK YOU for completing this

Please send this questionnaire  
back to your GP surgery

