| | |
|---|---|
| **Name:** | **DOB:** |
| **Pronouns:** | **Occupation:** |
| **Do you have a pension or health care card?** Yes/No | **Date:** |

We are always looking for ways to improve the quality of care that we provide to you, so from time to time we ask you to complete questionnaires like this. The answers you provide help us to advise you about your health and wellbeing. Please hand the completed questionnaire to the health professional you are seeing today. Please do not hesitate to ask if you have any questions.

## Wellbeing Questionnaire

### Alcohol and Smoking


**These amounts are indicative of a standard drink of alcohol.**

| | | | | | |
|---|---|---|---|---|---|
| 1. How many times a week do you generally drink alcohol? | Less than once | Once a week | Three times a week | On weekends only | Nearly every day |
| 2. If you drink alcohol, how many drinks do you normally have? | Usually one | 2 | 3 | 4 or more | |
| **3. <u>In the past year</u>** <u>For Females:</u> How many times have you had 3 or more drinks containing alcohol in a day? <u>For Males:</u> How many times have you had 4 or more drinks containing alcohol in a day? | Never | Less than once a month | Monthly | Weekly | Daily or almost daily |
| 4. How many times have you used a recreational drug or used a prescription medication for non-medical reasons? | Never | Less than once a month | Monthly | Weekly | Daily or almost daily |

| | | | |
|---|---|---|---|
| 5. Smoking Status | Non – Smoker | Ex-Smoker<br>Year Started:<br>Year Ended: | Smoker<br>Cigarettes per day: |
| 6. Do you vape? | no | Yes<br>When did you start? | No longer vape<br>When did you stop? |

| **Ethnicity:** We would like you to tell us your ethnic background so we can understand your culture and how it may affect your health | |
|---|---|
| What ethnicity (ancestral background) or culture do you identify with? | |
| What language do you use at home? | |
| **If not English,**<br>Would you like us to organise a translator for you during a consultation? Yes/No<br>**If yes:**<br>What language would you like the translator to use?<br>Would you like health information emailed/printed out for you in this language? Yes/No | |

| **General Health** | | | | | |
|---|---|---|---|---|---|
| In general, how would you rate your health? | Very Poor | Poor | Fair | Good | Very Good |
| Do you have any allergies? If so, please specify and provide the reaction. | | | | | |
| Are you a carer for someone with a health issue? | Yes | | No | | |
| If so, who do you care for? | | | | | |
| Are you being cared for? | Yes | | No | | |
| If so, who cares for you? | | | | | |

| **Family History**<br>**(Nb close relatives are parents, children, brothers, sisters, grandparents, aunts, uncles)** | | |
|---|---|---|
| | **Yes** | **No** |
| 7. Have any of your close relatives had heart disease before 60 years of age?<br>*Heart disease includes congenital heart disease, angina, heart attacks, narrowing of the arteries around the heart.* | | |
| 8. Have any of your close relatives had diabetes? | | |

**PLEASE TURN OVER**

| | | |
|---|---|---|
| *Diabetes is also known as type 2 diabetes or non-insulin dependent diabetes* | | |
| 9. Do you have any close relatives who had melanoma? | | |
| 10. Have you had any close relatives had bowel cancer before 55 years of age? | | |
| 11. Do you have more than one relative on the same side of the family who had bowel cancer at any age?<br>*Please think about your parents, children, brothers, sisters, grandparents, aunts, uncles, nieces, nephews and grandchildren.* | | |
| 12. Have any of your close male relatives had prostate cancer before 60 years of age? | | |
| 13. Have any of your close female relatives had ovarian cancer? | | |
| 14. Have any of your close relatives had breast cancer before 50 years of age? | | |
| 15. Do you have more than one relative on the same side of your family who has had breast cancer at any age?<br>*Please think about your parents, children, brothers, sisters, grandparents, aunts, uncles, nieces, nephews and grandchildren.* | | |

**PLEASE TURN OVER**