★38. How many times in the last year did you witness or become involved in violent fight or attack where there was a good chance of serious injury to someone?	☐ Never ☐ Not sure ☐ 1 time ☐ 2 or 3 times ☐ 4 or more times
★39. Considering your age, how would you describe your overall physical health?	☐ Excellent ☐ Good ☐ Fair ☐ Poor
★40. In an average week, how many times do you engage in physical activity or exercise?	☐ Less than 1 time per week ☐ 1 or 2 times per week ☐ At least 3 times per week
★41. If you rid a motorcycle or all-terrain vehicle (ATV) what percent of the time do you wear a helmet?	☐ %
★42. Do you eat some food every day that is high in fiber such as whole grain bread, cereal, fruits or vegetables?	☐ Yes ☐ No
★43. Do you eat some food every day that is high in cholesterol or fat, such as fatty meat, cheese, fried foods or eggs?	☐ Yes ☐ No
★44. What is the highest grade you completed in school?	☐ Grade school or less ☐ Some high school ☐ High school graduate ☐ Some college ☐ College graduate ☐ Post graduate or professional degree
★45. What is your job or occupation? (check one only)	☐ Health professional ☐ Manager, educator, professional ☐ Technical, sales or administration ☐ Operator, fabricator, laborer ☐ Student ☐ Retired ☐ Homemaker ☐ Service ☐ Skilled crafts ☐ Unemployed ☐ Other

In the next six months are you planning to make any changes to keep yourself healthy or improve your health regarding the following activities and habits?

Lose weight?	☐ **Yes** ☐ **No** ☐ **Don't know**
Quit smoking?	☐ **Yes** ☐ **No** ☐ **Don't know**
Reduce alcohol use?	☐ **Yes** ☐ **No** ☐ **Don't know**
Start driving more safely?	☐ **Yes** ☐ **No** ☐ **Don't know**
Increase exercise levels?	☐ **Yes** ☐ **No** ☐ **Don't know**
Reduce the amount of fat in your diet?	☐ **Yes** ☐ **No** ☐ **Don't know**
Lower your blood pressure?	☐ **Yes** ☐ **No** ☐ **Don't know**
Lower your cholesterol?	☐ **Yes** ☐ **No** ☐ **Don't know**
Get regular checkups?	☐ **Yes** ☐ **No** ☐ **Don't know**

Now that you have completed the assessment, follow the instructions provided in your packet to return your questionnaire for processing and generation of your personalized general health assessment.

Full Name:_____

Email Address:_____

Phone Number:_____

Registration ID: _____

Location Code: _____

HealthStatus
internet assessments

Directions: To get the most accurate results answer as many questions as you can and as best you can. If you do not know the answers leave it blank. Questions with a ★(star symbol) are important to your health, but are not used to calculate your risks. However, your answers may be helpful in planning your health and fitness programs.

Questions that apply to women only are marked with a and questions that apply to men only are marked with a .

Please put your answers in the empty boxes or mark check boxes like this ☒.

1. What is your sex?	☐ Female ☐ Male
2. What is your race?	☐ Aleutian, Alaska native, Eskimo or Native American ☐ Asian ☐ Black ☐ Hispanic ☐ Pacific Islander ☐ White ☐ Other ☐ Don't know
3. What is your date of birth?	☐ Month / ☐ Day / ☐ Year
4. What is your height? (without your shoes)	☐ Feet ☐ Inches
5. What is your weight? (without your shoes)	☐ Pounds
6. What is your body frame size?	☐ Small ☐ Medium ☐ Large
7. Have you ever been told you have diabetes or sugar diabetes?	☐ Yes ☐ No
8. Are you now taking medicine for high blood pressure?	☐ Yes ☐ No
9. What is your blood pressure now?	☐ Systolic (high) / ☐ Diastolic (low)
10. If you don't know the numbers, check the box that describes your blood pressure?	☐ High ☐ Normal or low ☐ Don't know

11. What is your TOTAL cholesterol level? (based on a blood test)	☐ mg/dl
12. What is your HDL cholesterol level? (based on a blood test)	☐ mg/dl
13. If you don't know the numbers, check the box that describes your cholesterol?	☐ High ☐ Normal or low ☐ Don't know
14. How many cigars do you smoke per day?	☐ cigars per day
15. How many pipes of tobacco do you smoke per day?	☐ pipes per day
16. How many times per day do you usually use smokeless tobacco? (chewing tobacco, snuff, pouches, etc.)	☐ chews per day
17. How would you describe your smoking habits?	☐ Never smoked - skip to question 20 ☐ Used to smoke ☐ Still smoke
18. How many cigarettes do you or did you smoke each day?	☐ cigarettes per day
19. If you quit smoking, how many years has it been since you smoked regularly?	☐ years
20. In the next 12 months how many miles will you travel by each of the following:	car, truck or van ☐ miles motorcycle ☐ miles
21. On a typical day how do you USUALLY travel? (check one only)	☐ Walk ☐ Bicycle ☐ Motorcycle ☐ Sub-compact or compact car ☐ Mid-size or full-size car ☐ Truck or van ☐ Bus, subway, or train ☐ Mostly stay at home
22. What percent of the time do you usually buckle your seat belt when riding or driving?	☐ %
23. On the average, how close to the speed limit do you usually drive?	☐ Within 5 mph of the limit ☐ 6-10 mph over limit ☐ 11-15 mph over the limit ☐ More than 15 mph over the limit
24. How many times in the last month did you drive or ride when the driver had perhaps too much alcohol?	☐ times last month
25. How many drinks of alcoholic beverages do you have in a typical week?	☐ drinks a week

★26. In general, how satisfied are you with your life?	☐ Mostly satisfied ☐ Partly satisfied ☐ Not Satisfied
★27. Have you suffered a personal loss or misfortune in the past year that had a serious impact on your life?	☐ Yes, one serious loss or misfotune ☐ Yes, two or more ☐ No
Women:	
28. At what age did you have your first menstrual period?	☐ years old
29. How old were you when your first child was born?	☐ years old (0 if no children)
30. How long has it been since your last breast x-ray (mammogram)?	☐ Less than 1 year ago ☐ 1 year ago ☐ 2 years ago ☐ 3 or more years ago ☐ Never
31. How many women in your natural family (mother and sisters only) have had breast cancer?	☐ women
32. How often do you examine your breast for lumps?	☐ Monthly ☐ Once every few months ☐ Rarely or never
33. About how long has it been since you had your breasts examined by a nurse or physician?	☐ Less than 1 year ago ☐ 1 year ago ☐ 2 years ago ☐ 3 or more years ago ☐ Never
34. Have you had a hysterectomy operation? (removal of your uterus)	☐ Yes ☐ No ☐ Not sure
35. How long has it been since you had a pap smear?	☐ Less than 1 year ago ☐ 1 year ago ☐ 2 years ago ☐ 3 or more years ago ☐ Never
36. How long has it been since you had a rectal exam?	☐ Less than 1 year ago ☐ 1 year ago ☐ 2 years ago ☐ 3 or more years ago ☐ Never
Men	
37. How long has it been since you had a rectal or prostate exam?	☐ Less than 1 year ago ☐ 1 year ago ☐ 2 years ago ☐ 3 or more years ago ☐ Never