



Name:

Questionnaire: My health behaviours

I appreciate that you are taking an interest in your health and wellbeing. Let me congratulate you on taking such a courageous and important step towards boosting your health.

This questionnaire will help you recognise crucial elements of your health. You decide which ones you want to keep, improve, or change.

I look forward to discussing your questionnaire with you on:

Date:

Practice stamp:

Your general practitioner:

.....

1. General health

In this section you will see several faces that express different feelings.

Which facial expression gives the best reflection of the current state your health?

very good      very poor

(please tick as applicable)

2. Which factors have a positive effect on your wellbeing and health?

For me, this statement applies ... (please tick as applicable in every row)	comple- tely	pretty much	rather not	not at all
I feel that my life has purpose and meaning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whatever happens, I usually see the positive side.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I cope well with things in my life that I cannot change.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am content with the way in which I realise my life plans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My future looks positive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a good work-life balance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find it easy to make contact with strangers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am happy in my social environment (eg family, friends, neighbours).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

All in all, I feel...

good
 pretty good
 pretty bad
 bad

(please tick as applicable)

Thinking of the past 7 days, on how many days did you feel

Calm and balanced? on days

Vigorous, energetic? on days

Tense, nervous? on days

Despondent, upset? on days

3. Health behaviours

Smoking

Current situation

I am... (please tick as applicable)

<p><input type="radio"/> Non-smoker (never smoked)</p> <p>Congratulations, keep it that way!</p> 	<p><input type="radio"/> Former smoker</p> <p><input type="radio"/> I gave up less than 6 months ago.</p> <p><input type="radio"/> I gave up more than 6 months ago.</p> <p>I smoked for years.</p> <p>Congratulations, keep it that way!</p> 	<p><input type="radio"/> Smoker</p> <p>I have smoked for years.</p> <p>I smoke everyday...</p> <p><input type="radio"/> less than 10 cigarettes</p> <p><input type="radio"/> 10 - 20</p> <p><input type="radio"/> 20 - 30</p> <p><input type="radio"/> more than 30</p>
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I am exposed to **other people's smoke** every day (passive smoking).

No

Yes, 1 – 3 hours

Yes, more than 3 hours

Weight

Current situation

My height cm (without shoes)

My weight kg (wearing light clothing or none at all)

In addition to body weight, the way in which the superfluous weight is distributed across the body is equally important. For this reason, **waist circumference** is the most important indicator of possible risks.

Measure your **waist circumference** in the widest place.

My waist circumference cm (without clothing)

Diet/nutrition

Current situation

This statement applies to me ... (please tick as applicable in each row)	completely	pretty much	rather not	not at all
I drink 1 - 2 litres of sugar-free and alcohol-free drinks throughout the day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I rarely eat fast food or other pre-prepared meals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I eat several portions of fruit and vegetables every day. (recommended amount: 5 portions of 120 g/day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I rarely eat chocolate, full-fat ice cream, gateaux, crisps, energy bars, and other snacks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I eat as healthily as possible—ie, a varied diet that is low in fat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a rule I eat my main meal in the company of others. (family, partners, friends)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Exercise

Current situation

Please tick as applicable	4-5x or more	2-3x	1x	never
On how many occasions every week do you exercise moderately, to the point where you at least slightly have to catch your breath ? For example: fast walking, hiking, dancing, gardening, cleaning, cycling (no hills, comfortable speed), climbing stairs, easy sporting activities, etc. For how long do you actually exercise on one of these days? minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On how many occasions every week do you exercise to the point of breaking a sweat ? For example: jogging, tennis/badminton/squash, fitness classes (including water aerobics), rowing, team sport, swimming, climbing, inline skating, mountain walking for several hours, etc. Also included is endurance training using equipment such as a home trainer (step machine, treadmill, stationary bicycle, cross trainer, rowing machine, etc.). For how long do you actually exercise on one of these days? minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On how many occasions every week do you do strength training in a fitness centre or at home? For example: weight training, strength training, muscle workouts, resistance training, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On how many occasions every week do you deliberately aim for relaxation ? For example: yoga, autogenic training, progressive muscle relaxation, meditation, tai chi, qi gong, pilates, massage, herbal/bubble bath, or steam bath, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Alcohol

Current situation

How often do you drink alcoholic beverages?

- Never
- 1x per month or less often
- 2 - 4x per month
- 2 - 3x per week
- 4x per week or more often

How many units of alcohol (see box) do you consume on average on a day when you drink alcohol?

- 1 - 2
- 3 - 4
- 5 - 6
- 7 - 9
- 10 and more

A unit is (10g Alcohol):

- 1 glass of beer/fermented fruit juice (3 dl, 0.3 l)
- 1 glass of mixed drink/cocktail (2-3 dl)
- 1 glass of wine/sparkling wine (1dl)
- 1 glass of liqueur (0.3-0.4dl)
- 1 small glass of spirits (0.2 dl)

How often do you consume **four or more units** on one occasion (eg, evening with friends, party)?

- Never
- Less than once a month
- Once a month
- Once every week
- Daily or almost daily

Stress and difficult situations

Current situation

This statement applies to me ... <i>(please tick as applicable for every row)</i>	comple- tely	pretty much	rather not	not at all
I mostly identify ways and means of asserting myself when I encounter problems and resistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I cannot handle some of my problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel buffeted by life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

You can qualify the potential problems.
(Please tick all that apply, several answers may be applicable)

In my everyday life I often feel stressed by:

- Deadlines, lack of time, feeling rushed
- Family obligations (eg, around the house, caring for family members)
- Problems in the marriage or relationship
- Serious and unsolvable problems with children (eg, education or schooling)
- Financial worries (eg, rent, paying off instalments, insurance premiums)
- Dissatisfaction with my working conditions and time (eg, noise exposure, shift work)
- Tensions in the workplace (eg, with colleagues, senior colleagues/managers, or clients)
- No real recognition of my contribution in the workplace
- Fear of losing my job
- Dissatisfaction with living circumstances (eg, noise, flat too small, poor location, etc.)

Altogether I rate the likelihood that I can successfully assume control over my everyday life as

- high pretty high pretty low low

Other health topics

Are there other health-related topics in your life that you are preoccupied with or that you find stressful (but which have not been mentioned so far)?

4. Further factors that affect my health

Possible causes of poor health

In the next step you will assess your **potential risk for some diseases**, such as cardiovascular disorders, stroke, bowel cancer, breast cancer, osteoporosis, diabetes.

<i>Please tick every row as applicable (*):</i>	Yes	No	Don't know	Risk range (*)
Is your waist circumference too large?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	> 88 cm (F) > 102 cm (M)
Is your blood pressure too high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	> 140/90 mmHg
Are your cholesterol concentrations raised?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	> 4.1 mmol/l for LDL
Are your blood sugar levels raised?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	> 7.0 mmol/l pp

(*) These benchmarks were developed in collaboration with the interdisciplinary project „HerzKreislauf-Cockpit“ (initiated by MSD Merck Sharp & Dohme AG and supported by several health sector organisations).

Is one of the following disorders particularly common in your family?

<i>Please tick every line as applicable:</i>	Yes	No	Don't know
Cardiovascular disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bowel cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breast cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Osteoporosis (bone thinning)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
other: _____			

5. My intention to change something

You have answered many questions by now—maybe you have already identified opportunities for changing something. You can use the following table to enter if and where you are intending to make changes in the near future.

Change planned?	Smoking/ (passive-smoking)	Weight	Diet/nutrition	Exercise	Alcohol	Stress	Other health topics (which ones?)
Yes, I want to change something within the next 30 days.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, I want to think about this within the next 6 months.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, I do not want any change.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For what reason? _____							

6. My experiences while completing the questionnaire

You have answered many questions, and you may have already identified possible areas for changes.

On the following page (on the inside of the cover wrap) you will find a few possible **questions and topics** that may have struck you while you were completing the questionnaire. You can use the space for making **notes**, by way of preparing for your next meeting with your doctor.

Thank you for completing the questionnaire!

Please bring along your questionnaire when you next see your doctor.