hutchinson CLINIC
Setting a gold standard

Well-Care Questionnaire – Page 1 of 3
for adults aged 18-22

Name	Chart#	D.O.B.	Date

FAMILY HISTORY – please ✓to indicate positive history

	Father	Mother	Brother	Sister	Uncle	Aunt	Son	Daughter	Other
Deceased									
Diabetes									
High blood pressure									
Heart disease									
Stroke									
Kidney disease									
Liver disease									
Colon/rectal cancer									
Breast cancer									
Prostate cancer									
Other cancer									

Living arrangements ☐ Alone ☐ w/spouse ☐ w/parents ☐ Other:
☐ Roommate(s) ☐ w/boyfriend/girlfriend

Are you in school? ☐ No ☐ Yes (what yr, where):

Do you have a job? ☐ No ☐ Yes – what do you do? More than 20 hr/wk? ☐ No ☐ Yes

What sports, activities or hobbies are you involved?

On average, how many **days** per week do you do moderate-strenuous exercise like a brisk walk or jog?
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ don't know

On average, how many **minutes** do you exercise at this level each day? _____

Have you ever:	Passed out while exercising?	☐ **Yes**	☐ No
	Gotten dizzy or had headaches while exercising?	☐ **Yes**	☐ No
	Been knocked out?	☐ **Yes**	☐ No
	Had a significant joint or bone problem?	☐ **Yes**	☐ No
	Had a serious injury?	☐ **Yes**	☐ No
	Can you run twice around a ¼ mile track without stopping?	☐ Yes	☐ **No**
Do you eat:	Fruits and vegetables every day?	☐ Yes	☐ **No**
	Do you eat/drink dairy products?	☐ Yes	☐ **No**
	Are you a vegetarian?	☐ **Yes**	☐ No
	Do you have any questions or concerns about eating habits?	☐ **Yes**	☐ No

If you ride motorcycle or bicycle, do you always wear a helmet?	☐ Yes	☐ **No**
Do you always use your seatbelt when in a car?	☐ Yes	☐ **No**
Do you text while driving?	☐ **Yes**	☐ No
DO you ever drive under the influence of alcohol or drugs, or ride with a driver who is?	☐ **Yes**	☐ No

Do you get along with your family?	☐ Yes	☐ **No**
Are you having a hard time with the people you live with?	☐ **Yes**	☐ No
Do you have a friend you can talk to about any problems you have?	☐ Yes	☐ **No**
Having a hard time w/friends including your boyfriend or girlfriend?	☐ **Yes**	☐ No
Are you having trouble with fighting or bullying?	☐ **Yes**	☐ No
Are you feeling pressure to do what others are doing?	☐ **Yes**	☐ No
Ever been a victim of threats, physical hurting, or forced sexual contact?	☐ **Yes**	☐ No

During the past 2 yrs, have you, or has anyone in your family, had any major good or bad changes?
☐ No ☐ **Yes** - please explain

Do you have any concerns about your body or weight? ☐ **Yes** ☐ No

Do you ever eat in secret or feel guilty about eating? ☐ **Yes** ☐ No

Do you ever make yourself throw up? ☐ **Yes** ☐ No

Over the last 2 weeks, how often have you been bothered by little or no interest or pleasure in doing things? ☐ Not at all ☐ Several days ☐ More than ½ of days ☐ Most days Over the last 2 weeks, how often you have been bothered by feeing down, depressed, or hopeless? ☐ Not at all ☐ Several days ☐ More than ½ of days ☐ Most days	A score of 2 or 3 on either question: use PHQ-9
How often did you have one drink containing alcohol in the last year? ☐ Never ☐ Monthly or less ☐ 2-4 times/month ☐ 2-3 times/wk ☐ 4 or more times/wk How many drinks containing alcohol did you have on a typical day when you are drinking in the last year? ☐ I don't drink alcohol ☐1-2 ☐ 3-4 ☐ 5-6 ☐ 7-9 ☐ 10 or more How often did you have 6 drinks or more on one occasion in the last year? ☐ Never ☐ less than monthly ☐ Monthly ☐ Weekly ☐ Daily or almost daily	If > 3 for women or > 4 for men – recommend brief intervention
In the last 12 months, have you used drugs other than those required for medical reasons? ☐ **Yes** ☐ No	If yes, use DAST-10

Have you ever used tobacco (smoke, chew, or e-cigarettes) or vapor product ☐ Yes – but quit in year _____ ☐ Yes use now ☐ Never

Are you attracted to: ☐ Males ☐ Females ☐ Both ☐ Not sure

Have you ever had sex? ☐ **Yes** ☐ No
If YES, are, or were, your sexual partners: ☐ Males ☐ Females ☐ Both

Are any of your current sexual partners known to be HIV positive: ☐ **Yes** ☐ No

Have you had sex with a new partner(s) in the past year? ☐ **Yes** ☐ No
If YES, did you use condoms? ☐ Always ☐ **Sometimes** ☐ **Never**

When you have sex, how often do you, or does your partner, use protection from pregnancy other than a condom? ☐ Always ☐ **Sometimes** ☐ **Never**

If you use – or your partner uses – protection, what kind do you or your partner use (please list):
☐ Condoms ☐ Birth control pills ☐ IUD ☐ Depo-Provera ☐ Other _____

Have you ever been pregnant or made someone pregnant? ☐ **Yes** ☐ No

For Women (men jump to next section)

How old were you when your periods started? _____

Are your period regular? ☐ **Yes** ☐ No ☐ Doesn't apply to me

When was your most recent period? _____

Do menstrual cramps keep you from doing your normal activities? ☐ **Yes** ☐ No ☐ Doesn't apply to me

1.	Do/did you have a mother/sister/daughter with breast or ovarian cancer?	☐ **Yes**	☐ No
2.	Any relative with BILATERAL breast cancer?	☐ **Yes**	☐ No
3.	Any man in your family have breast cancer?	☐ **Yes**	☐ No
4.	Any woman in your family have BOTH breast and ovarian cancer?	☐ **Yes**	☐ No
5.	Any woman in your family have breast cancer before age 50?	☐ **Yes**	☐ No
6.	Do you have 2 or more relatives with breast and/or ovarian cancer?	☐ **Yes**	☐ No
7.	Do you have 2 or more relatives with breast and/or bowel cancer?	☐ **Yes**	☐ No

Refer for BRCA testing/genetic counseling for any YES answer

RISK FACTORS – to help determine if other tests/evaluations may be needed, PLEASE answer the following

Condition	Risk Factors	Do you have any of the listed risk factors?
HIV	Men who have sex with men Injection drug user Having unprotected vaginal or anal intercourse Having sexual partners who are HIV-infected, bisexual, or injection drug user Exchanging sex for drugs or money	Yes / No
Syphilis	Men who have sex with men Man/woman with HIV infection' Ever been incarcerated in prison Exchanging sex for drugs or money	Yes / No
Hepatitis B	Born in country/region with high prevalence US born person not vaccinated as infant – whose parents born in hi-risk country HIV positive person Injection drug user Men who have sex with men Household contacts or sexual partners of persons with hepatitis B infection	Yes / No
Hepatitis C	Born 1945-1965 Past or current injection drug use Receipt of blood transfusion before 1992 Long-term hemodialysis Born to hepatitis C infected mother Ever been incarcerated in prison Intranasal drug use Unregulated tattoo Multiple sex partners, unprotected sex Sex with hep-C infected person or injection drug user	Yes / No
Latent TB	Born in or former resident in high risk country/region (Mexico, Philippines, Vietnam, India, China, Haiti, and Guatemala) Live in or have lived in high-risk congregate settings (homeless shelter/prison)	Yes / No

PREVENTIVE MEASURES you have had:

Procedure/Test	*Date of last*	*Where received?*	*Ever had abnormality?*
PAP test	☐ never		☐ never ☐ yes

IMMUNIZATIONS	*Date of last*	*Where received?*
Tetanus		
Tetanus w/whooping cough		
MMR		
Hepatitis B		
Varicella		

Is there anything about your health that we didn't cover that we should know?

Signature: Date: