仁安醫院
UNION HOSPITAL

Health Screening Questionnaire

Please Use ID Label or Block Print			
SURNAME			UNIT RECORD NO.
GIVEN NAME			CHINESE NAME
SEX	AGE	WARD	ADMITTED DATE & TIME
ATTN. DOCTOR CONSULT. DOCTOR			

I. Personal Information

Occupation : _____

Marital Status: ☐ Single ☐ Married ☐ Widow

Family Doctor : ☐ Yes ☐ No

II. Past Medical History

1. Did you have any health check before ?
   ☐ No ☐ Yes, please state the date: _____ / _____ / _____
2. Did the health check result need to follow ?
   ☐ No ☐ Yes, please state: _____
3. Are you Hepatitis B carrier ?
   ☐ No ☐ Unknown ☐ Yes (Any regular follow up ? ☐ Yes ☐ No)
4. Have you received Hepatitis B vaccination previously ?
   ☐ No ☐ Unknown ☐ Yes, please state the date: _____ / _____ / _____
5. Do you have any regular medication ?
   ☐ No ☐ Yes, please state: _____
6. Do you ever been admitted to hospital for treatment / operation ?
   ☐ No ☐ Yes, Please state: _____

III. Personal Health Condition in last year

	Yes	No
1. Sudden weight gain or loss (> 10 lbs)	☐	☐
2. Changes in appetite	☐	☐
3. Sudden blackouts / faints	☐	☐
4. Prolonged headache	☐	☐
5. Shortness of breath or breathlessness	☐	☐
6. Rapid / irregular heart beats	☐	☐
7. Chest pain	☐	☐
8. Prolonged stomach discomfort	☐	☐
9. Prolonged Indigestion	☐	☐
10. Blood stained / black stool	☐	☐
11. Urinary Frequency	☐	☐
12. Others : _____	☐	☐

IV. Personal Habit

1. Drinking of Alcohol
   ☐ Never
   ☐ Quit for ____ year(s), I used to drink _____ glass(es) of _____ (wine)*everyday / every week
   ☐ Drink _____ glass(es) of _____ (wine)*everyday / every week
   ☐ Social drink _____ glass(es) of _____ (wine) every time

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2. Smoking
   - ☐ Never
   - ☐ No, but always as second smoker
   - ☐ Quit for _____ year(s), have _____ cigarettes per day before
   - ☐ Smoking for _____ year(s), have _____ cigarettes per day
   - ☐ Only have _____ cigarette(s) taken in social gathering

3. Physical Exercise

   Job Mature: ☐ Physical labor ☐ Slight physical labor ☐ Clerical work

   I spent sitting for _____ hour(s) everyday

   I spent walking for _____ hour(s) everyday

   Regular exercise:
   - ☐ Always, I have exercise more than 3 times per week(continue exercise>20mins)
   - ☐ Sometimes, I have exercise 1 to 3 times per week(continue exercise>20mins)
   - ☐ Seldom, reasons for not having regular exercise:
     - ☐ No time ☐ Not enough endurance ☐ Tiredness ☐ No partner support
     - ☐ Others: _____

4. Sleeping Pattern (based on pattern in one week)
   - ☐ Good quality and sufficient sleep (7 hours or above)
   - ☐ Insomnia (always)
   - ☐ Insomnia (sometimes)
   - ☐ Insufficient sleep
   - ☐ Difficult to fall asleep

5. Eating (Nutritional status)

Regular meal (Breakfast, Lunch, Supper)	☐ Always	☐ Sometimes	☐ Seldom	☐ Never
Snacks between meals	☐ Always	☐ Sometimes	☐ Seldom	☐ Never
Frequency of having meals outside	_____ times / week			
I think my body weight is	☐ Ideal	☐ Below weight	☐ Over weight	
I have vegetable and fruits	☐ Always	☐ Sometimes	☐ Seldom	☐ Never
I have food in grease and high cholesterol	☐ Always	☐ Sometimes	☐ Seldom	☐ Never
I have food with high glucose level	☐ Always	☐ Sometimes	☐ Seldom	☐ Never
I have supplement health food / product	☐ Always	☐ Sometimes	☐ Seldom	☐ Never

V. Family Health History (please state the relationship and age of onset)

☐ No family members have the following disease

☐ Hypertension	Relationship: _____ age _____		☐ Heart Disease	Relationship: _____ age _____	
☐ Stroke	Relationship: _____ age _____		☐ Diabetes	Relationship: _____ age _____	
☐ Lung Disease	Relationship: _____ age _____		☐ Renal Disease	Relationship: _____ age _____	
☐ Cancer	Relationship: _____ age _____		☐ Thyroid Disease	Relationship: _____ age _____	
☐ Epilepsy	Relationship: _____ age _____		☐ Others	Relationship: _____ age _____	

VI. Signature of Client: _____ Date : _____

Remarks: ✓ the appropriate box. * Circle the appropriate items