## Checkup

**Medical questionnaire** (you answers will be treated in the strictest confidence)

Surname First name(s)

Address City

Date of birth Civilian status

Profession Company

Height (cm) Weight (kg)

| **Symptoms** | **yes** | **no** | **additional details (who / what / when)** |
| --- | --- | --- | --- |

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| --- | --- | --- | --- | --- | --- |
| 1. | **Did any of your relatives suffer from any of the following illnesses before the age of 65?** | |  |  | (e.g. mother stomach cancer, fifty years old) |
|  | | * cardiovascular diseases |  |  |  |
|  | | * diabetes |  |  |  |
|  | | * cancer |  |  |  |
|  | | * diseases of the alimentary canal |  |  |  |
|  | | * allergies |  |  |  |
|  | | * high blood pressure |  |  |  |
|  | | * epilepsy |  |  |  |
|  | | * mental aberrations |  |  |  |
|  | | * kidney diseases |  |  |  |
|  | | * other |  |  |  |
|  | | |  |  |  |
| 2. | **Are you currently suffering from ill-health?** | |  |  |  |
|  |  | |  |  |  |
| 3. | **Have you ever had an  operation?** | |  |  |  |
| **Symptoms** | | | **yes** | **no** | **additional details (who / what / when)** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 4. | **Have you ever been hospitalised other than for the above  operations?** | |  |  | **when** |
| **reason** (e.g. pneumonia) |
|  |  | |  |  |  |
| 5. | **Have you been abroad in the last few years?** | |  |  | **where** |
| **for how long** |
|  |  | |  |  |  |
| 6. | **Are you suffering or have you ever suffered from the following?** | |  |  |  |
|  | | * diseases of the circulatory  organs |  |  |  |
|  | | * diseases of the respiratory  organs |  |  |  |
|  | | * infectious diseases, notably |  |  |  |
|  | | * tuberculosis |  |  |  |
|  | | * venereal diseases  (syphillis, gonorrhoea) |  |  |  |
|  | | * HIV (Aids), hepatitis |  |  |  |
|  | | * diseases of the digestive organs |  |  |  |
|  | | * ear disorders |  |  |  |
|  | | * eye disorders |  |  |  |
|  | | * diseases of the motor apparatus or spinal disorders |  |  |  |
|  | | * recurrent headaches |  |  |  |

| **Symptoms** | **yes** | **no** | **additional details (who / what / when)** |
| --- | --- | --- | --- |

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| 7. | | | **Allergies?** | |  |  |  | |
|  | | | | * to pollen / grasses |  |  |  | |
|  | | | | * to drugs |  |  |  | |
|  | | | | * to food |  |  |  | |
|  | | | | * other |  |  |  | |
|  | | **eating disorders?** | | |  |  |  | |
|  | | **depression?** | | |  |  |  | |
|  | | **‘burn-out’-syndrome?** | | |  |  |  | |
|  | | **other physical disorders?** | | |  |  |  | |
|  | |  | | | |  |  |  | |
| 8. | | | **Do you take at least 30 minutes exercise of medium intensity (rapid walking) per day?** | |  |  | (e.g. jogging, 3 x weekly) | |
|  | |  | | | |  |  |  | |
| 9. | | | **Do you drink alcohol?** | |  |  | **what kind / how much per day (d) or per week (w)**  (e.g. 3 glasses of wine, 2 cl of whisky) | |
|  | |  | | | |  |  |  | |
| 10. | | | **Do you smoke?** | |  |  | **number per day (d) or per week (w)**  (averaged over the past year) | |
| How long have you smoked?  since | |  |  | cigarettes |  |
|  |  | cigars |  |
|  | |  |  | pipe |  |
|  | |  | | | |  |  |  | |
| 11. | | | **Please list all the medicinal drugs you have taken regularly in the past 12 months.** | | **dosage** | | **name** | |
|  | |  | |
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