KAISER PERMANENTE®

Well-Care Questionnaire
for adults aged 22 to 64

If you have not completed the online Health Profile in the past 6 months, please answer the following questions. Kaiser Permanente values your privacy and will keep your answers confidential. If you don't want to answer a question, feel free to leave it blank.

Name:

Current or usual occupation:	**STAFF:** Enter using dot phrase .wq22to64
Others living in your home (name, age, and relationship):	
How would you describe your general health? ☐ Excellent ☐ Very Good ☐ Good ☐ **Fair** ☐ **Poor**	
On average, how many **days** per week do you do moderate to strenuous exercise, like a brisk walk or jog? ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ Don't know On average, how many **minutes** do you exercise at this level each day? _____	
Do you eat fruits and vegetables every day? ☐ Yes ☐ **No** Do you have any questions or concerns about your eating habits? ☐ **Yes** ☐ No	
If you ride a motorcycle or bicycle, do you always use a helmet? ☐ Yes ☐ **No** ☐ Doesn't apply to me Do you always use your seat belt when in a car? ☐ Yes ☐ **No** ☐ Doesn't apply to me Do you text while driving? ☐ **Yes** ☐ No ☐ Doesn't apply to me Do you ever drive under the influence of alcohol or drugs, or ride with a driver who is? ☐ **Yes** ☐ No Do you or any of your friends have access to guns? ☐ **Yes** ☐ No If yes, are they stored unloaded and locked? ☐ Yes ☐ **No** ☐ **Don't know**	
Have you ever been a victim of threats, physical hurting, or forced sexual contact? ☐ **Yes** ☐ No Does your partner control where you go or make you feel afraid? ☐ **Yes** ☐ No Have you ever had a partner who physically hurt or threatened you? ☐ **Yes** ☐ No	
During the past year, have you had any major changes in your life, good or bad? ☐ **Yes** ☐ No If **YES**, please explain:	
Have you ever used tobacco (smoke, chew, or e-cigarettes) or other vapor products? ☐ No ☐ Yes	If YES: Complete Tobacco History section in Epic

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Enter information in note using dot phrase .wq22to64, then destroy paper form.

Have you had sex with a man, woman, or both? ☐ Man ☐ Woman ☐ Both ☐ Never had sex Have you been tested for HIV? ☐ Yes ☐ No Are any current sexual partners known to be HIV positive? ☐ Yes ☐ No Have you had sex with a new partner(s) since your last visit? ☐ Yes ☐ No If yes, did you use condoms? ☐ Doesn't apply to me ☐ Always ☐ Sometimes ☐ Never	If NO to HIV testing, give handout on Routine HIV Testing

For Women

If you have sex with a male partner, do either of you use protection from pregnancy? ☐ Doesn't apply to me ☐ **No** ☐ Yes If YES, what kind of protection: ☐ Condoms ☐ Birth control pills ☐ IUD ☐ Depo-Provera ☐ Other:_____ Surgical method: ☐ Tubal ligation ☐ Partner had a vasectomy ☐ Hysterectomy	**STAFF:** Enter using dot phrase .wq22to64
Do you plan to get pregnant within the next year? ☐ **Yes** ☐ No Have you ever been pregnant? ☐ **Yes** ☐ No If **yes**: Number of full-term pregnancies:____ Number of miscarriages or abortions: ____	If **yes** to pregnancy: Enter in OB History section of Epic.
If you're still menstruating, when was your last period (date): ☐ Had hysterectomy ☐ Menopause ☐ On contraception that prevents periods If you're still menstruating, please describe your periods: ☐ Regular ☐ Irregular ☐ Heavy ☐ Painful ☐ Absent ☐ Doesn't apply to me	
Is urination or leaking urine a problem for you? ☐ **Yes** ☐ No	
For women who are pregnant or might become pregnant Are you taking a daily supplement that has folate (folic acid)? ☐ Yes ☐ **No**	
For women after menopause Are you taking a daily supplement that has both vitamin D and calcium? ☐ Yes ☐ **No** Have you had any bleeding since you stopped having periods? ☐ **Yes** ☐ No Do you have pain with intercourse? ☐ **Yes** ☐ No	

Medical and Surgical History

Please list any major illnesses, injuries, or conditions that were treated outside Kaiser Permanente that you haven't told us about in the past. ☐ None	**STAFF:** Enter major illnesses, injuries, or conditions into PMH section or Problem List in Epic as appropriate. Enter major surgeries into PSH section in Epic.
Please list any major surgeries performed outside Kaiser Permanente that you haven't told us about in the past. List each one and the approximate year. ☐ None	

Personal and Family History (those related to you by blood)

Do you have a personal or family history of breast cancer? ☐ Yes ☐ No ☐ Don't know If YES, please describe (ie: you, which family member):	If **YES**, give Breast Cancer Risk Questionnaire and complete Epic doc flowsheet (BCRQ)

Did any of the following family members develop heart disease? Check all that apply. ☐ **Before age 55**: father, brother, or son ☐ None before age 55 ☐ Don't know ☐ **Before age 60:** mother, sister, or daughter ☐ None before age 60 ☐ Don't know	
Have you ever had Crohn's disease, ulcerative colitis, colon polyps, or colon cancer? ☐ **Yes** ☐ No	If YES: Consult GI.
Have you had a mother, father, sister, brother, daughter, or son diagnosed with the following? Colon cancer: ☐ No ☐ **Yes – at what age:_____** ☐ Don't know Colon polyps: ☐ No ☐ **Yes – at what age:_____** ☐ Don't know Have you had a grandparent, aunt, uncle, niece, or nephew diagnosed with the following? Colon cancer: ☐ No ☐ **Yes – at what age:_____** ☐ Don't know If YES to either question above, please circle the relative(s) with the condition.	If YES to family history: See Colorectal Cancer Screening Guideline for screening recommendations.
Do you have a personal or family history of ovarian cancer? ☐ **Yes** ☐ No ☐ Don't know If YES, please describe (ie you, which family member):	If **YES**, give Breast Cancer Risk Questionnaire and complete Epic flowsheet (BCRQ)

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