English

Health Questionnaire

Date of Visit:		_		_			

Basic information					
Name	Last Name:		First Name:		
Gender	Male \square	Female			
Date of Birth (M-D-Y):				

Past Medical History

☐ Not applicable to the below diagnosis Diagnosis Medication Yes Remark Hypertension Diabetes Hyperlipidemia Angina/Myocardiac ☐ Percutaneous coronary Infarction intervention/Stent \square Operation CVA (Stroke) Chronic Renal ☐ Decreased renal function Disease ☐ Dialysis Liver Cirrhosis Chronic Hepatitis B Chronic Hepatitis C Others Diseases ☐ Sites: ☐ Diagnosis: Cancer ☐ Colon/Sigmoid ☐ Lung ☐ Stomach ☐ Liver ☐ Breast ☐ Cervix ☐ Thyroid ☐ Prostate ☐ Other Abdominal Lesion: Surgery ☐ Stomach/Duodenum ☐ Colon/Sigmoid ☐ Appendix ☐ Gall bladder ☐ Liver ☐ Pancreas ☐ Ovary/Fallopian tube ☐ Kidney ☐ Uterus Diagnosis: Other Surgery Lesion:

Diagnosis:

Medicaion					
☐ Not applicable to the below medication					
Medication	Medication				
☐ Aspirin ☐ Anti-coagulant (Warfarin/Coumadin) ☐ Anti-inflammatory agents ☐ Steroids ☐ Thyroid Hormone ☐ Antithyroid Agent	☐ Osteoporosis treatment ☐ Calcium ☐ Sedatives/Sleeping Pills ☐ Oriental Herbal Medication ☐ Others: ()				
Eradication of Helicobacter pylori					
Have you ever had medications for eradication of Helicobacter pylori? □ No □ Yes □ Successfully eradicated □ Failed to eradicate □ Do not know					
Family History					
Have any of your family members (parents, siblings or children) been diagnosed or died with any of the following diseases?					
Diagnosis	Diagnosis				
☐ Hylertension ☐ Diabdetes ☐ Angina/Myocardiac Infarction (If diagnosed under 55 years old in male or 65 years old in female) ☐ Cerebrovascular accident (Stroke)	☐ Chronic hepatitis/Liver cirrhosis ☐ Liver Cancer ☐ Stomach Cancer ☐ Colon/Sigmoid Cancer ☐ Lung Cancer				

Have you smoked at least 5 packs (100 cigarettes) in the life?				
\square No				
☐ Smoked in the past, but quit				
How long has it been since you quit smoking cigarettes? () year(s)				
How long have you smoked? () year(s)				
How many cigarettes did you smoke a day? () cigarette(s)				
☐ Currently smoking				
How long have you been smoking? () year(s)				
How many cigarettes do you smoke a day? () cigarette(s)				
Alcohol Drinking Habit				
How often do you drink alcohol?				
\circ Per month: \square less than once \square 2~4 times				
\circ Per week: \square twice \square 3 times \square 4 times \square 5 times \square 6 times \square 7 times				
How much do you usually drink at a time?				
(Count each glass of the type of alcohol. Ex. Beer 1 can (355cc) = beer 1.6 glasses)				
\Box 1~2 glass(es) \Box 3~4 glasses \Box 5~6 glasses				
□ 7~9 glasses □ more than 10 glasses				

Smoking History

Exercise Related

Think about all the vigorous activities (activities that	□ 0	□ 1	How much time did
take hard physical effort and make you breathe much	□ 2	□ 3	you usually spend
harder than normal) that you did in the last 7 days.	□ 4	□ 5	doing vigorous
Think only about those physical activities that you	□ 6	□ 7	physical activities
did for at least 10 minutes at a time. During the last 7			on one of those
days, on how many days did you do vigorous			days:
physical activities like heavy lifting, digging,			□□□ Minute(s)/day
aerobics, or fast bicycling?			
Think about all the moderate activities (activities that	□ 0	□ 1	How much time did
take moderate physical effort and make you breathe	□ 2	□ 3	you usually spend
somewhat harder than normal) that you did in the last	□ 4	□ 5	doing moderate
7 days. Think only about those physical activities that	□ 6	□ 7	physical activities
you did for at least 30 minutes at a time. During the			on one of those
last 7 days, on how many days did you do moderate			days:
physical activities like carrying light loads, bicycling			□□□ Minute(s)/day
at a regular pace, or doubles tennis?			
Think about the time you spent walking in the last 7	□ 0	□ 1	How much time did
days. This includes at work and at home, walking to	□ 2	\square 3	you usually spend
travel from place to place, and any other walking that	□ 4	□ 5	walking on one of
you might do solely for recreation, sport, exercise, or	□ 6	□ 7	those days:
leisure. During the last 7 days, on how many days did			□□□ Minute(s)/day
you walk for at least 10 minutes at a time?			