

**Dear Patient!**

In preparation for the medical check-up, we would like to ask you to complete this questionnaire at home and bring it to the examination. During the examination we will discuss these questions together - they help to get a good overview of your health.

**Of course, we treat your information confidentially, in accordance with medical confidentiality ethics.**

Please answer the questions by marking the appropriate answer with a cross ☒

Doctor's stamp

Of course, if there are questions not applicable to you or you do not want to respond, please skip!

Surname: ..... First name: ..... Date of Birth: .....

**01. Check up**

Do I regularly have a complete check-up? (= Not only genital area)?  no  yes

My vaccinations are up to date.

no  yes  I do not know

Please bring all your vaccination cards with you for the check-up!

- |                                     |   |
|-------------------------------------|---|
| <input type="radio"/> heart         | <input type="radio"/> lung              |
| <input type="radio"/> liver         | <input type="radio"/> gallbladder       |
| <input type="radio"/> kidney        | <input type="radio"/> stomach           |
| <input type="radio"/> colon         | <input type="radio"/> "appendix"        |
| <input type="radio"/> hernia        | <input type="radio"/> urinary tract     |
| <input type="radio"/> sexual organs | <input type="radio"/> arms              |
| <input type="radio"/> legs          | <input type="radio"/> serious accidents |
| <input type="radio"/> head/brain    | <input type="radio"/> eyes              |
| <input type="radio"/> ears          | <input type="radio"/> tonsils           |
| <input type="radio"/> nasal polyps  | <input type="radio"/> thyroid gland     |

**PREHISTORY**

**02. Family history**

- cardiac deaths under the age of 60 in first- degree blood relatives (parents, siblings, children)
- I have/had a blood relative with elevated cholesterol.
- thrombosis/pulmonary infarction in first-degree blood relatives (parents, siblings, children)
- diabetes in first-degree blood relatives
- glaucoma in first-degree blood relatives
- I have/had a blood relative with breast cancer

degree of relationship: .....

- melanoma in first- degree blood relatives
- other cancers in first-degree blood relatives

cancer type: .....

**03. I have or have had the following diseases.**

- diabetes
  - I am under treatment
- high blood pressure
  - I am under treatment
- heart attack/circulatory disorders of the coronary vessels
- other cardiovascular diseases
- stroke/cerebral hemorrhage
- cancer
- mental illnesses
- migraine or frequent headaches
- diseases of the respiratory system (lung, bronchi, e.g., shortness of breath, chronic cough, asthma, etc.)
- chronic eczema
- I repeatedly suffer from dizziness.
- I have had two or more falls in the last 6 months.
- diseases of the digestive organs (stomach, liver, pancreas, colon)
- back pain that lasted longer than 3 weeks
- diseases of the joints
- diseases the urinary tract/kidneys
- an acute illness in the last 2 months (e.g. cold, flu, pneumonia, vomiting, diarrhea...)

which: .....

**04. Previous serious diseases or operations**

Other: .....

**05. I regularly take**

- vitamin supplements
- dietary supplements
- aspro, Aspirin, aspro C or other pain/rheumatic medicine
- sleep/sedatives
- homeopathic medicines
- tea for the treatment of...
- herbal medicines
- other medication (please quote): .....

**06. Profession**

I am generally satisfied with my job.

- no  yes
- I would change my job if I could.

**07. Stress at work**

- hard physical work
  - shift work
  - piecework, assembly line
  - dust, gases, odor, chemicals
  - noise
  - weather, heat, draught
  - chemicals
  - constant time pressure / too few breaks
  - constant focus
  - constant pressure to perform (productivity, always having to be up to date)
  - constant stress from superiors, colleagues, or confidants
  - repeated overtime pressure (unpaid)
  - one-sided working posture (constant sitting / standing, .... )
  - multiple exposure (secondary jobs, household etc.).
  - monotony, boredom, underchallenged
  - threatened job loss
- since when have these burdens existed.....

**08. Eating habits**

- I usually eat meat products or sausages etc. more than twice a week.

I consume

- butter, cheese, whole milk every day
- reduced-fat dairy products

I eat vegetables/salad portions

- never/rarely
- regularly

**I eat fruit portions**

- never/rarely       regularly

**I eat whole grain products**

- never       daily       multiple times per week

**I consume sweets, jam, honey, sugary beverages, ...**

- daily       rarely       never

**At main meals I**

- take seconds       no seconds

- often eat more than I need to feel full

**I drink daily**

- less than 1.5 liter       more than 1.5 liter

**09. Physical activity**

I do physical exercise at least 150 minutes/week

- never/sometimes       regularly

**10. Alcohol**

- I sometimes feel, I should reduce my alcohol consumption.
- I have reacted irritably when I asked about my drinking habits
- I sometimes feel guilty because I cannot get my drinking habits under control
- I have had days when the first thing I do in the morning is to drink alcohol, either to stabilize my nerves or to get rid of a hangover

**11. I take illegal hard drugs**

- repeatedly       never

**12. Nicotine**

- I smoke .....cigarettes/day ..... cigars/day, ..... pipe/day
- I would like to have information about smoking cessation methods/programs.
- no. I have not smoked since: .....

**13. Measured values that are collected in the doctor's office**

size: ..... cm      weight ..... kg      RR ..... mmHg

waist circumference ..... cm      BMI .....

**14. Memory performance**

- I am worried that my memory might be deteriorating.
- relatives or friends have remarked that my memory has deteriorated.

**15. Mood**

**Has there been a period when I have felt depressed or sad nearly every day in the last four weeks?**

- yes, how long did it last? .....  no

**Did I lose interest or enjoyment in almost every activity that I normally enjoy in the past four weeks?**

- yes       no

**If yes, was it the case nearly every day?**

- yes, how long did it last? .....  no

**Sometimes I have sudden anxiety or panic attacks (with or without physical symptoms)**

- Yes       no

**16. Stress**

- If I have not done anything productive for a few hours, I often feel guilty.
- I often find it difficult to say no, when someone asks me for a favor.
- I do everyday activities (like walking, eating...) very quickly.
- The slowness of others often makes me impatient.
- when I am excited, my heart often beats irregularly.
- I don't always take enough time for myself.
- My achievements are often not noticed enough by those around me.
- There are frequent times when I feel empty and jaded.
- I am often sarcastic or cynical when talking to others.

**17. Family/relationship/children**

Most of the time I feel comfortable in my family/ relationship?

- No       Yes
- I often feel dissatisfied in my family/ relationship.
- If I could, I would leave my partner/family.
- I have problems with certain family members.

**18. Complaints**

- I get short of breath when I exercise (climbing the stairs, .....).
- I wake up because of shortness of breath.
- My legs are swollen in the evening.
- I feel restlessness in my legs at night.
- I have pain in the calves, that gets worse when I walk.
- I have heart problems.
- I have muscle pain.
- I have a reoccurring cough.
- I have repeated hoarseness.
- I have trouble swallowing.
- I have a lack of appetite.
- I have lost weight lately.
- My gums often bleed.
- My gums have receded, or my teeth seem to have become longer.
- The gaps between my teeth have become wider.
- My dentures don't fit as well as they used to.
- I have bad breath.
- I have problems with my teeth.
- I have acid regurgitation (burping), bloating, flatulence.
- I have stomach pain.
- I have an aversion to certain food products.
- I am often constipated.
- I have frequent diarrhea.
- My bowel habits have changed.
- I have noticed blood or blackening in the stool
- I have problems in the anal area.
- I have to urinate more than 2-3 times during the night.
- I urinate involuntarily.
- I have the feeling, that my bladder does not completely empty after urination.
- I have pain when urinating.
- I have blood in my urine.
- My skin has become noticeably drier.
- I have a mole that is very dark, growing, or bleeding.
- I have annoying itching.
- I feel a significant decrease in physical strength and endurance.
- My height is decreasing.

- I feel a significant decrease in my physical performance.
- I fall asleep right after dinner.
- I have trouble seeing (despite wearing glasses or contact lenses).
- I need strong glasses or contact lenses to be able to see in the distance.

**19. Allergies**

- After animal contact or in the morning or at some times of the year, I suffer from itchy eyes, runny nose, coughing, noises in the chest or shortness of breath
- I react to bee or wasp stings with severe swelling, a rash, and circulatory and/or respiratory problems
- I notice rashes or swelling after taking certain medicines
- I experience itchy mouth, gastrointestinal cramps, flatulence, or diarrhea after eating certain foods
- I observe skin reactions when wearing costume jewelry, watches, piercings, etc.

**20. If you are 50 years or older**

- Has a colonoscopy been carried out?  
 no                       yes, the last time: .....

**21. If you are 65 years or older**

- I haven't been to the ophthalmologist (eye specialist) in a long time.
- I have visual disturbances (flashes of light; shadow vision, veiled vision, flying gnats, picture dropouts).
- I can hear the other person, but I don't always understand him.
- I must often ask people to repeat what they have said.
- I must turn the radio or television up louder than other people.
- Occasionally there is a ringing in my ears.
- There is a family history of hearing loss that started at an early age.
- I have problems with my nose/ sense of smell.
- I have problems with my sense of taste.
- I have problems with my sense of touch.
- I have other complaints, that are not asked here.

**Men, please continue in ■ column 23.: "Specific health issues for men"**

**22. Specific health issues for women**

- I feel comfortable in my role as a woman:**  
 no                                       yes

**BREAST**

- There is a discharge from the nipples.
- I have pain in my breasts
- I have a swelling or knots in the breasts.

**I take part in the early detection mammography program (by invitation):**

- no                                       yes the last time .....

**Have you been recommended shorter screening intervals than biennial mammograms?**

- yes                       no  
 I had breast surgery

**MENSTRUATION/BLEEDING**

- Regularly (Every 26 to 30 days)?  
 no                       yes

- I take hormone medication:  
 as a therapy/contraception ("pill")                       no

- I have had no menstruation since approx. ....

**Bleeding intensity normal?**

- no                                       yes  
 I have pain before or during menstruation.  
 I have vaginal bleeding (intermittent, after menopause, during or after sexual intercourse).  
 I have an unusual vaginal discharge.  
 I feel that my vagina is too dry.  
 I suffer from hot flushes.

- I have a pap smear at least every 3 years:  
 no                                       yes

**Births**

- one                                       several: how many? .....

**miscarriages**

- how many? .....  
 I was diagnosed with diabetes during pregnancy

**SEX LIFE**

- In the case of a sexual problem: I would like to speak to my family doctor.  
 to get advice

I am satisfied with my sex life:

- no                                       yes  
 I suffer from pain during sexual intercourse, listlessness, orgasm disorders, orgasm weakness.  
 I have little sexual interest.

**23. Specific health issues for men**

**I feel comfortable in my role as a man:**

- no                                       yes

**I have a weak jet when urinating:**

- regularly                                       never

**I have to make an effort to start urinating:**

- regularly                                       never

**SEX LIFE**

- In the case of a sexual problem: I would like to speak to my family doctor.  
 to get advice

I am satisfied with my sex life:

- no                                       yes  
 I suffer from erectile dysfunction, premature ejaculation, pain during sexual intercourse, listlessness, orgasm weakness.

**24 What I have always wanted to ask my doctor:**

.....  
 .....  
 .....  
 .....  
 .....  
 .....

Please evaluate the basic aspects that help you to stay healthy or to get healthy on a scale of 1 to 6.

Please mark the column that applies the most to you with a ⊗

1 = never            3 = sometimes        5 = very often  
2 = rarely           4 = often               6 = always

Please make your assessment:

never    rarely    sometimes    often    very often    always  
 1     2     3     4     5     6

1. I have felt comfortable in the last 6 months
2. There are people who accept me as I am
3. I like to treat myself to something good
4. For the past 6 months I have been satisfied with my physical condition
5. I have a very trusted person whose help I can always count on.
6. I manage to see the good sides of life
7. I decide how much I let myself be influenced by other people's opinions.  
(I am not at the mercy of my feelings – anger, aggravation, joy ... )
8. I generally rely on my own judgement
9. I am able to accept criticism and see it positively as a helpful suggestion
10. I cope well with surprising events
11. I believe that illness can also have a deeper meaning
12. I take time for myself
13. In uncertain and difficult times also, I can see the meaning of life
14. I am often successful in solving difficult problems when I try to find solutions
15. I feel like I belong to my family/cohabitation/like-minded community/my club

	1	2	3	4	5	6
1						
2						
3						
4						
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8						
9						
10						
11						
12						
13						
14						
15						

15-30 points: initiate additional resources.  
 30-60 points: additional resources would be beneficial.  
 60-90 points: sufficient resources

Yes, I agree that my details will be used anonymously and in compliance with the legal data protection regulations for statistical evaluations.

Date, and Signature .....

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