Questionnaire for statutory checkup BA Operations

Name	Social Security Number	Date

CARDIOVASCULAR RISK ASSESSMENT

Anamnesis

Heredity. Has a close relative been affected by…?	yes	no
Diabetes	☐	☐
Hyperlipidemia	☐	☐
Hypertension	☐	☐
Myocardial infarction or Angina pectoris before the age of 60	☐	☐
Sudden death	☐	☐
Known other heart disease before the age of 60	☐	☐
Marfan syndrome	☐	☐
Other cardiovascular disease	☐	☐
If yes to any of the above, describe here:	☐	☐

Symptoms. Have you felt…?	yes	no
Chest pain or chest discomfort with exertion?	☐	☐
Severe "abnormal" shortness of breath/fatigue on exertion?	☐	☐
Heart palpitations or dysrhythmias during exertion?	☐	☐
Fainting or feeling faint when exerting yourself?	☐	☐
Dizziness on exertion?	☐	☐
That your fitness has deteriorated for an unknown reason?	☐	☐
If yes to any of the above, describe here:	☐	☐

Medical history. Do you have or have you had…?	yes	no
High blood pressure at some point in your life?	☐	☐
Heart murmur?	☐	☐
Myocarditis?	☐	☐
Pericarditis?	☐	☐
Other heart or lung disease?	☐	☐
Asthma?	☐	☐
Chemotherapy-treated cancer?	☐	☐
Another illness or other thing that you think might be important?	☐	☐
If yes to any of the above, describe here:	☐	☐

HEALTH DECLARATION

Have you sought care due to illness or the equivalent as follows in the past year??

	yes	no
Occupational injury or accident	☐	☐
Other injury/accident	☐	☐
Discomfort from the musculoskeletal system	☐	☐
Headache	☐	☐
Neurological disease (paralysis, epilepsy, chronic pain)	☐	☐
Hearing loss or other hearing/sense of balance problems	☐	☐
Vision impairment or other vision problems	☐	☐
Psychological problems (especially cell fear)	☐	☐
Skull injury/unconsciousness	☐	☐
Discomfort associated with diving or flying	☐	☐
Eczema/skin problems	☐	☐
Allergic complaints	☐	☐

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	yes	no
Do you use glasses/lenses?	☐	☐
Have you been treated in hospital or sought a doctor in the past year? It yes, why?	☐	☐
Have you been absent from work due to illness in the past year? If yes - how many days?	☐	☐
Do you use medicine regularly? If yes - which medicines do you use, strength and dose?	☐	☐
Do you feel completely healthy?	☐	☐

Exercise and movement

How much time do you spend in a typical week on physical exercise that makes you short of breath, such as running, gymnastics or ball sports??

☐ No time at all ☐ 30 min ☐ 60 min ☐ 90 min ☐ 120 min ☐ 150 min or more

How much time do you spend in a typical week on everyday exercise, for example walking, biking or gardening?

☐ No time at all ☐ 30 min ☐ 60 min ☐ 90 min ☐ 120 min ☐ 150 min or more

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Eating habits

How often do you eat fruit and vegetables?

☐ 2 times/day or more often ☐ 1 time/day ☐ A few times/week ☐ Once a week or less often ☐ Never or almost never

Hur ofta äter du kaffebröd, choklad/godis, chips eller läsk/saft?

☐ 2 times/day or more often ☐ 1 time/day ☐ A few times/week ☐ Once a week or less often ☐ Never or almost never

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Tobacco

Smoking habits

☐ I have never been a smoker ☐ I quit smoking less than 6 months ago ☐ I smoke 1-9 cigarettes/day ☐ I smoke 10-19 cigarettes/day ☐ I smoke ≥ 20 cigarettes/day

Snuff habits

☐ I have never been a snuffer ☐ I stopped using snuff less than 6 months ago ☐ I snuff 1-3 packs/week ☐ I snuff 4-6 packs/week ☐ I snuff ≥ 7 packs/week

Alkohol

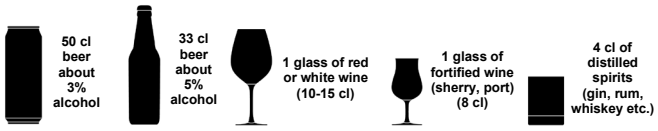
How often do you drink alcohol?

☐	☐	☐	☐	☐
Never	1 time/month or more rarely	2–4 times/month	2–3 times/week	4 times/week or more

How many “glasses” do you drink on a typical day when you drink alcohol?

☐	☐	☐	☐	☐
1–2	3–4	5–6	7–9	10 or more

Examples of glass meant:



Drugs

	yes	no
Have you tried drugs?	☐	☐

If YES, what, when and to what extent??