



Questionnaire

Personal data

Surname _____

Name _____

Address _____

Phone number _____

E-Mail _____

Date of birth _____

Height _____

Weight _____

Abdominal girth _____

(You do not have a measuring tape? Please take a rope plus rule.)

Own pre-existing diseases

Do you take medication?

Yes No

If yes, which? _____

For women:

Have you ever had a mammography?

Yes No

If yes, when? _____

Have you ever been immunized?

Yes No

If yes against what? _____

Do you have pain while walking?

Yes No

Do you have an International vaccination certificate?

Yes No

Do you smoke?

Yes No

If yes, how many cigarettes do you smoke per day?

Do you suffer from any allergies?

Yes No

If yes, which? _____

Have you ever had a cough or sore throat for more than 4 weeks?

Yes No

Has a too high blood sugar level been ever detected before?

Yes No

Have you ever had blood in you urine?

Yes No

Have you ever had blood in you stool?

Yes No

Have you ever had any problems with your eyes or experienced weakness in your arms or legs?

Yes No

Have you ever had a coloscopy?

Yes No

If yes, when? _____

Do you suffer from migraine-attacks with transient eye dysfunctions?

Yes No



Mood

Have you felt depressed in the last two weeks?

Yes No

Have you had only a little interest in activities in the last two weeks?

Yes No

Do you have the feeling that everything is too much for you?

Yes No

Do you feel tired all the time?

Yes No

Family history

Has your father or mother had a heart attack before they reached 60 years of age?

Yes No

Is one of your parents a diabetic?

Yes No

Have your parents suffered from cancer?

Yes No

If yes, when? _____

For women:

Has your mother / sister had breast cancer?

Yes No

For men:

Have you ever registered an erectile dysfunction?

Yes No

Common questions

Do you have any medical questions or problems you are concerned with?

If so what?

Do you practise any sport?

Yes No

If yes, how often? _____

If yes, which sports?

What is your favourite food?

How often do you eat fruit, vegetables, wholemeal, rye or wholemeal products?

Are you interested in a detailed analysis of your eating habits?

Yes No

Are you interested in health-coaching?

Yes No

Thank you for answering our questions! You can either send it per Post to **PAN Prevention Center GmbH, Zeppelinstraße 1, 50667 Köln** or per Fax to **0221-2776-401**. All data underlie professional discretion and are handled confidentially. We are glad to create an individual check-up program for you.