

MNT Profile 100

Name _____

Date _____

Personal and Family History

V1.0

Read each question carefully. Complete or fill in the circle of the best answer from the choices given. Then go to the question specified after your response. Thank you.

1. How many years of education have you completed?

_____ Number of years between 3 and 24.

2. What is your current or previous occupation?

2a. Mark the one that applies best:

- ① Full-time
- ② Part-time
- ③ Not working/retired

2b. Mark if doing shift work Shift work

3. In the last five years, what was your highest weight? _____ (lbs)

4. What was your lowest weight? _____ (lbs)

5. What is your desired weight? _____ (lbs)

6. What is your current weight? _____ (lbs)

7. What is your height without shoes? _____ (in)

8. **Family history** Select any of the following health problems found in your immediate family (parent, brother, sister).

- ① colorectal cancer
- ① breast cancer
- ① ovarian cancer
- ① prostate cancer
- ① high blood pressure
- ① high cholesterol
- ① osteoporosis
- ① diabetes
- ① stroke
- ① coronary heart disease, heart attack, or coronary surgery before age 55 in men, or before 65 in women
- ① I don't know my family history

9. Are you living alone?

① Yes [skip to question 10], if no, mark the general health status of those you live with.

1. Spouse - ① Good ② Fair ③ Poor

2. Partner ① Good ② Fair ③ Poor

3. Infant – (< 1 year) ① Good ② Fair ③ Poor

4. Son(s) – (child < 13) ① Good ② Fair ③ Poor

5. Son(s) – (teen 13-20) ① Good ② Fair ③ Poor

6. Son(s) – (adult 20+) ① Good ② Fair ③ Poor

7. Daughter(s) – (child < 13) ① Good ② Fair ③ Poor

8. Daughter(s) (teen 13-20) ① Good ② Fair ③ Poor

9. Daughter(s) – (adult 20+) ① Good ② Fair ③ Poor

10. Parent(s) ① Good ② Fair ③ Poor

10. **Personal history** Do you have any of the following conditions? Mark all that apply.

- ① allergies
- ① anxiety disorder
- ① sleep disorder
- ① emphysema (COPD)
- ① heart disease
- ① migraine headaches
- ① depression
- ① osteoporosis
- ① pregnant (women)
- ① arthritis
- ① high blood pressure
- ① asthma or bronchitis
- ① diabetes
- ① high cholesterol
- ① back pain
- ① skin cancer
- ① other cancer
- ① gout
- ① kidney disease
- ① List other (if any) _____

11. What medications are you currently taking?

