

Hi Five Questionnaire (*Hola Cinco Cuestionario*)

1. **ACTIVITY** - Do you exercise regularly? / Any movement?

ACTIVIDAD FISICA - Con que frecuencia haces ejercicio o movimiento?

Check all that apply.

- Not at all (Nunca)
 Regular (Regularmente)
 Seldom (Raramente)

2. Activity Comments? (Actividad Fisica comentarios?)
-

BLOOD PRESSURE (Presion Arterial)

3. How often do you check your BP?

Con que frecuencia te miras la presion arterial?

Check all that apply.

- Not at all (Nunca)
 Regular (Regularmente)
 Seldom (Raramente)

4. Blood Pressure Comments? (Presion Arterial comentarios?)
-

CANCER SCREENING (Pruebas de Cancer)

5. Have you ever had any form of cancer screening (e.g. PSA, Cervical, Breast, Bowel)?

Has tenido alguna prueba de cancer? (por ejemplo, de Prostata, Cervical, de mamas, colon)?

Check all that apply.

- Not at all (Nunca)
 Regular (Regularmente)
 Seldom (Raramente)

6. Cancer Screening Comments? (Pruebas de Cancer comentarios)?
-

DIABETES RISK (Riesgo de Diabetes)

7. Has anyone got diabetes in the family? If yes, have you been tested?

Hay alguien con diabetes en tu familia? Si hay, te han hecho pruebas de diabetes?

Check all that apply.

- Yes (Si)
 No (No)

8. Diabetes Risk comments? (Riesgo de Diabetes comentarios)?
-

EYE HEALTH (Vision)

9. When was the last time you had your eyes tested?

Cuanto hace que has acudido al oculista?

Check all that apply.

- Not at all (Nunca)
 Regular (Regularmente)
 Seldom (Raramente)

10. Eye Health comments? (Vision comentarios)?

MENTAL / GENERAL HEALTH (Salud Mental / General)

11. How has your mood been over the last 2 weeks?

Como ha sido tu estado de animo sobre las ultimas 2 semanas?

Check all that apply.

- Happy (feliz)
 Indifferent (indiferente)
 Sad (Triste)

12. Mental Health/General comments? (Salud Mental / General comentarios)?

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