

If you have NOT completed an online Health Profile in the past 6 months, please answer the following questions. Kaiser Permanente values your privacy and will keep your answers confidential. If you don't want to answer a question, feel free to leave it blank.

Full name:	Preferred name:	
What is your gender? Female Male Transfemale Transmale Non-binary or other Choose not to answer	Pronouns:	Staff: In note, use .genderhealth
Who are the people that live with you? (include names, ag	es, relationships):	Flow Staff: Enter using
Are you in school? If YES, what year are you in school? Where do you go to school? If you're in school, are you having a hard time?	☐ Yes ☐ No _ Yes ☐ No	dot phrase .wq18to21
Do you have a job? If YES, what do you do?	Yes No	
In this job, do you work more than 20 hours a wee What sports, activities, and hobbies are you involved in?	k? [] Yes [] No	
On average, how many days per week do you do moderat like a brisk walk or jog? 0 1 2 3 4 5 6 7 On average, how many minutes do you exercise at this lev	7 🔲 Don't know	
Have you ever: Passed out while exercising? Gotten dizzy or had headaches while exercising? Been knocked out? Had a significant joint or bone problem? Had a serious injury? Can you run twice around a ¼ mile track without stopping	Yes No Yes No	
Do you eat fruits and vegetables every day? Do you eat or drink dairy products? Are you a vegetarian? Do you have any questions or concerns about your eating	 Yes Yes No Yes No habits? Yes No 	
If you ride a motorcycle or bicycle, do you always use a hel Do you always use your seat belt when in a car? Do you ever text while driving? Do you ever drive under the influence of alcohol or drugs, Do you have access to guns? If yes, are they stored unloaded and locked?	Yes No Doesn't apply to me Yes No Doesn't apply to me	

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DO NOT SCAN IN MEDICAL RECORD

Enter information in note using dot phrase .wq18to21, then destroy paper form.

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Well-Care Questionnaire

for young adults aged 18 to 21

Do you get along with your family?YesNoAre you having a hard time with the people you live with?YesNoDo you have a friend you can talk to about any problems you have?YesNoAre you having a hard time with friends including your boyfriend or girlfriend?YesNoAre you having trouble with fighting or bullying?YesNoAre you feeling pressure to do what others are doing?YesNoHave you ever been a victim of threats, physical hurting, or forced sexual controlYesNo	
During the past 2 years, have you, or has anyone in your family, had any major good or bad changes? Do you have any concerns about your body or weight? Yes No Do you ever eat in secret or feel guilty about eating? Yes No Do you ever make yourself throw up? Yes No	
Have you ever used tobacco or nicotine products (cigarettes, chew, e-cigarettes, vaping device)?	If YES: Complete Tobacco History section in Epic
Are you attracted to: Men Women Both Non binary people No one Have you ever had sex? Yes No - skip to next section Have your sexual partners included: Men Women Transmen Transwomen Non-binary people Did you use condoms or other barrier during sex? Always Sometimes Never How many sexual partners have you had in the last 3 months?	If YES to "ever had sex", give handout on Routine HIV Testing
Menstrual, Pregnancy History	
How old where you when your periods started?Are your periods regular? Yes No Doesn't apply to me When was your most recent period? Doesn't apply to me Do menstrual cramps keep you from doing normal activities? Yes No Doesn't apply to me Are you: On birth control that prevents periods Taking gender affirming hormones that prevent periods None of these Are you pregnant or planning to get pregnant within the next year? Yes No If YES, are you taking a daily supplement that has folate (folic acid)? Have you ever been pregnant? Yes No If you have been pregnant: Number of full-term pregnancies: Number of miscarriages or abortions:	If yes to pregnant: Enter in OB History section of Epic.

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Well-Care Questionnaire

for young adults aged 18 to 21

Medical and Surgical History		
Please list any major illnesses, injuries, or conditions that were treated outside Kaiser Permanente tha you haven't told us about in the past.	Provider or RN Enter major illnesses, injuries, or conditions into PMH section or Problem List in Epic as appropriate. Enter major surgeries into PSH section in Epic.	
Please list any major surgeries performed outside Kaiser Permanente that you haven't told us about in the past. List each one and the approximate year.		
Personal and Family History (those related to you by blood)		
Do you have a personal or family history of breast cancer?	If YES, give Breast Cancer Risk Questionnaire and complete Epic flowsheet (BCRQ).	
Did any of the following family members develop heart disease? Check all that apply. Before age 55: father, brother, or son None before age 55 Don't know		
🗌 Before age 60: mother, sister, or daughter 🛛 None before age 60 🗍 Don't know		
Have you ever had Crohn's disease, ulcerative colitis, colon polyps, or colon cancer?	If YES: Consult GI.	
Have you had a mother, father, sister, brother, daughter, or son diagnosed with the following? Colon cancer: No Yes - at what age: Don't know Colon polyps: No Yes - at what age: Don't know Have you had a grandparent, aunt, uncle, niece, or nephew diagnosed with the following? Colon cancer: No Yes - at what age: Don't know If YES to either question above, please circle the relative(s) with the condition.	If YES to family history: See Colorectal Cancer Screening Guideline for screening recommendations.	
Do you have a personal or family history of ovarian cancer? Yes No Don't know If YES, please describe (ie: you, which family member):	If YES, give Breast Cancer Risk Questionnaire and complete Epic flowsheet (BCRQ).	
Advanced Care Planning		
Do you have a signed Living Will? Yes No Don't know Do you have an up-to-date Durable Power of Attorney for health care? Yes No Don't know	If documents are presented, send for scanning to Advance Directives Registry.	