



**UNIVERSITY HEALTH SERVICES (UHS)  
PREVENTIVE HEALTH VISIT - MALE**

Date

Print Name (Last, First)

Social Security/ID Number

HEALTH BEHAVIOR

Yes No

- Has it been more than 1 month since you performed a testicular self exam?
- Do you have any questions about how to perform a testicular self exam?
- Has it been longer than 1 week since you have exercised? If you do exercise, how often? \_\_\_\_\_
- And do you exercise regularly? \_\_\_\_\_
- Have you ever taken anabolic steroids?
- Do you take dietary supplements such as creatine and androstenedione?
- Do you smoke \_\_\_\_\_ cigs/day for \_\_\_\_\_ years
- Do you chew tobacco/snuff?
- Do you drink alcohol? If yes, answer questions 1 - 10.
- 1) Do you feel you are a normal drinker? (That is, drink no more than average.)
- 2) Does your partner, close relatives or friends ever worry or complain about your drinking?
- 3) Are you always able to stop drinking when you want to?
- 4) Has your drinking ever created problems between you and your partner, parents, or other near relative or friends?
- 5) Do you ever drink in the morning?
- 6) Have you ever felt the need to cut down on your drinking?
- 7) Have you ever been told by a health care provider to stop drinking?
- 8) Have you ever been a patient in a psychiatric or rehab hospital or on a psychiatric ward of a general hospital?
- 9) If you answered YES to #8, was drinking or drug use part of the problem that resulted in your hospitalization?
- 10) Have you ever been arrested, even for a few hours, because of driving while intoxicated?

HEALTH BEHAVIOR

Yes No

- Do you have concerns about drug use?
- Do you have concerns about your weight and/or eating behavior?
- Do you ever ride in a vehicle without a seatbelt?
- Do you ride a bike without a helmet?
- Do you have firearms here at your local PSU residence?
- Have you ever been a resident or employed in the following?  
 prisons,  homeless shelters,  health care setting?
- Do you have concerns about your ability to handle stress?
- Do you feel sad or depressed frequently?
- Are you living in a place without a smoke detector?
- Do you use a tanning bed or sunbathe frequently?
- Do you have any concerns about physical or emotional abuse?
- If you gamble, have you had concerns about your ability to limit your gambling?

SEXUAL HISTORY

Yes No

- Have you ever had genital to genital contact?
- Your sexual partners are (circle one):  
male female both
- Have you had more than one partner in your lifetime?
- Do you use condoms 100% of the time?
- Sex partner with STD or urinary problems?
- Previous urethritis, epididymitis, prostatitis?
- Has anyone close to you had HIV or AIDS?

\_\_\_\_\_  
Patient Signature