Date completed:

_____/_____/_____
(month) (day) (year)

BETTER
Health Survey™
Patient Version

Name: _____

Miigwetch! Hai-Hai! Nakurmiik! Thank you for doing the BETTER Health Survey™!

Your answers will help us give you better care.

You and your healthcare provider will talk about how you can improve your health. You can set your own health & wellness goals and make a plan to meet them.

INSTRUCTIONS: Please answer all questions as best you can.

For each question, please circle the number that matches your answer or fill in the blank.

You are free to not answer any questions.

Please complete your survey and return it to your healthcare provider or bring it to your healthcare provider to fill it out together. Your answers will be kept strictly between you and your healthcare providers and will not be shared with anyone else.

BETTER™

SECTION A: GENERAL

1. **What sex were you at birth?**

   ○ 1. Male
   ○ 2. Female

2. **What is your date of birth**?

   _____ _____
   (month) (year)
   Feb 1959

3. **How tall are you?**

   ____ (feet) ____ (inches) **OR** _____ (cm)

BMI Calculator

4. **How much do you weigh?**

   _____ (pounds) **OR** _____ (kg)

SECTION B: HEALTH CONDITIONS

5. **Please put an "X" if you have ever been told by a doctor or nurse that you had**:

		Yes	No	Don't Know
a) Diabetes, high blood sugars *(The body cannot properly store and use sugar that comes from food and beverages. There are two types. Type 1: usually diagnosed at a young age and requires insulin injections. Type 2: risk factors include obesity and lack of exercise, and it can be treated with pills or insulin)*	Type 1	○	○	○
	Type 2	○		

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	Yes	No	Don't Know
b) Stroke *(When blood stops flowing to your brain. Symptoms include: a drooping face, weakness in one arm, slurred, lost or jumbled speech)*	○	○	○
c) Angina *(A type of chest pain caused by reduced blood flow to the heart. It may feel like pressure or squeezing in your chest. This feeling can also occur in your shoulders, arms, neck, jaw, or back)*	○	○	○
d) Heart attack *When blood flow is blocked from reaching the heart. If the blood flow isn't restored quickly, that section of the heart will start to die. Symptoms include: heartburn, arm pain, heavy feeling in the chest, tiredness, sweating, and feeling short of breath)*	○	○	○
e) Congestive heart failure *(When the heart is weaker than usual and doesn't pump blood as well as it should. It can make you feel tired and short of breath. Symptoms include: shortness of breath, sudden weight gain, cough or cold symptoms that last for more than one week, tiredness, bloating, swelling of lower body*)	○	○	○
f) Coronary artery disease *(When the arteries going into your heart are blocked. Causes heart attacks. The arteries are like small pipes that bring blood to your heart. They narrow when fat builds up inside and clogs them. The fat is called plaque)*	○	○	○
g) Peripheral vascular disease *(Narrowing of the blood vessels that move blood to your arms, legs, stomach and head. This can lead to blood clots which can block the vessel. This can lead to surgical removal of arms, legs, feet, toes, hands or fingers*)	○	○	○

	Yes	No	Don't Know
h) High blood pressure *(The number one risk factor for a stroke. When your heart has to work harder than normal to pump blood through your body your blood pressure is high. It is important to have your blood pressure checked regularly)*	○	○	○
i) Kidney disease or renal failure *(When your kidneys become damaged and are unable to do their job. Their job is to filter your blood and make urine (pee). Can be caused by diabetes, high blood pressure, and genetic conditions passed down to you from your parents. Your kidneys can go back to normal with treatment)*	○	○	○
j) High cholesterol or high lipid levels in the blood *(High fat levels in your blood. One of the major risk factors for heart disease. Fat levels can increase if you're eating a lot of junk food, fatty meat, butter, friend food, crackers, cookies, and packaged food)*	○	○	○
k) A genetic condition for cholesterol or familial hypercholesterolemia *(Passed down from your parents and causes high cholesterol. A genetic condition is determined by a cheek swab, or a blood, skin or hair sample)*	○	○	○
l) Lung cancer *(Cancer that starts in your lungs that can cause coughing, shortness of breath, and coughing up bloody spit or phlegm)*	○	○	○
m) Osteoporosis *(A disease that weakens your bones and makes them break easily. This often affects your hips, back (spine) and wrists)*	○ ***→ go to Section C***	○	○
n) A fragility fracture *(When you break a bone falling from standing height or below. This often affects your hips, back (spine) and wrists and is a sign of weak bones)*	○	○	○

SECTION C: COLON SCREENING

6. Please put an "X" if you have ever been told by a doctor or nurse that you had:

		Yes	No	Don't Know
a) Colon cancer *(Waste passes out of your body through your colon. Colon cancer develops in the colon and rectum. As the cancer gets bigger, food can't pass through your digestive system easily. The shape of your poop may change or you may become constipated. Symptoms include: changes in shape of poop, constipation, diarrhea, blood in poop, unexplained weight loss, stomach discomfort)*		○ ***→ go to Section D***	○	○
b) Crohn's disease *(Can affect any part of the digestive tract. Causes inflammation (swelling, pain, redness) of parts of the digestive tract. No cure, no known cause. Symptoms include: diarrhea, bloody poop, stomach pain)*		○	○	○
c) Ulcerative colitis *(Can affect any part of the digestive tract. Causes inflammation (swelling, pain, redness) of parts of the digestive tract. No cure, no known cause. Symptoms include: diarrhea, bloody poop, stomach pain)*		○	○	○
d) Familial Adenomatous Polyposis (FAP) *(Passed down from your parents. This causes growths in your intestine (gut) that can turn cancerous)*		○	○	○
e) Lynch syndrome or HNPCC *(Passed down from your parents. Increases the risk of developing colon cancers)*		○	○ ***→ go to section D***	○ ***→ go to section D***
f) A positive test for a Lynch Syndrome gene mutation *(These genes are passed down from your parents. Changes to these genes can increase your risk of colon cancer)*	Mom, dad, sisters, brothers or kids	○	○	○
	You	○	○	○

SECTION D: FOR WOMEN

7. Please put an "X" if you have ever been told by a doctor or nurse that you had:

	Yes	No	Don't Know
a) Post-menopausal (no period for at least 1 year) *(When you reach a certain age, your period will stop. This is the end of your reproductive years—you can no longer get pregnant. Usually happens around the age of 51. Symptoms include: hot flashes, night sweats and sleep problems)*	○	○	○
b) Diabetes while pregnant *(Can occur in the second trimester of pregnancy (20th-24th week) can be managed by diet and exercise and can go away after the baby is born. Some women need insulin (needles). Can cause problems for the baby such as breathing difficulties, obesity in childhood, and increased risk of developing type 2 diabetes as a child)*	○	○	○
c) Cervical intraepithelial neoplasia (CIN) 2 or 3 *(This is when abnormal cells grow on your cervix. These cells can cause cancer but if they are found early they can be stopped from turning into cancer)*	○	○	○
d) Your womb taken out by surgery (hysterectomy) *(Surgery to remove your uterus (womb, where babies grow. If your womb is removed you can no longer have babies. Removal can help with some conditions like cancer, pelvic pain, abnormal growths and abnormal bleeding)*	○	○ ***→ go to question 7f***	○ ***→ go to question 7f***
e) Your womb and cervix taken out by surgery (total hysterectomy) *(Surgery to remove your uterus (womb, where babies grow), and your cervix (separates your womb and your vagina)*	○	○	○
f) Cervical cancer *(Cervical cancer is cancer of the cervix. Almost all cervical cancer is caused by HPV (human papilloma virus). HPV can be transmitted through sex. Condoms can help protect against HPV*	○ ***→ go to question 7i***	○	○

		Yes	No	Don't Know
g) A Pap test *(A Pap test detects changes in the cells of the cervix. An instrument called a speculum is gently inserted into the vagina, so your cervix can be seen. A swab is inserted into the cervix to take a sample of the cells and the sample is sent to a lab. When found early, cervical cancer can be treated. If it has spread to other parts of your body, it may be harder to treat)*	6 months ago	○	○ ***→ go to question 7i***	○ ***→ go to question 7i***
	1 year ago	○		
	2 years ago	○		
	3 years ago	○		
	More than 3 years ago	○		
h) An abnormal Pap test *(A Pap test is abnormal if abnormal cells are found in the swab sample)*		○	○	○
i) Ovarian cancer *(Ovarian cancer occurs in the ovaries. Ovaries produce eggs, which can become babies. Risk factors include: being older than 55 years old, BRCA1 and BRCA2 mutations, Lynch syndrome, and a history of breast cancer)*		○	○	○
j) Polycystic ovary syndrome (PCOS) *(Hormones (chemicals in your body) imbalance can cause problems with your ovaries. These problems can cause an irregular period and make it hard to get pregnant. Symptoms include: weight gain, facial hair growth, pelvic pain, pimples and hair loss)*		○	○	○
k) A weak immune system (immunocompromised) *(A weak immune system means that your body has a difficult time trying to fight colds, infections and other diseases. This can be caused by certain diseases like AIDS, cancer, diabetes, medications or treatments)*		○	○	○
l) Breast cancer *(Breast cancer occurs in the breast. It is important to find it early so it can be treated. There are 4 stages of breast cancer. Indigenous women are usually diagnosed with breast cancer at*		○ ***→ go to Section F***	○	○

an advanced stage, which means it may have spread to other parts of the body)				
m) Both breasts removed (bilateral mastectomy) *(A mastectomy is a surgery that removes your breasts. Your nipple is usually removed as well. This surgery is done to prevent breast cancer or to treat breast cancer)*		◯ ***→ go to Section F***	◯	◯
n) A positive test for a BRCA1 or BRCA2 gene mutation *(These genes are passed down from your parents. Changes to these genes can increase your risk of breast cancer, ovarian cancer, prostate cancer, and skin cancer)*	Mom, dad, sisters, brothers or kids	◯	◯	◯
	Aunts, uncles, cousins or grandparents	◯	◯	◯
	You	◯	◯	◯

SECTION E: FOR MEN

8. Please put an "X" if you have ever been told by a doctor or nurse that you had:

	Yes	No	Don't Know
a) Prostate cancer *(Prostate cancer is cancer of the prostate. Only men have prostates and the prostate is what makes semen. Symptoms include: peeing more often, blood in your urine, difficulty controlling your bladder)*	◯ ***→ go to Section F***	◯	◯
b) PSA test (prostate-specific antigen test) *(A blood test that screens for prostate cancer. It measures how much PSA is in your blood)*	◯	◯	◯

SECTION F: LIFESTYLE

Smoking

9. Do you smoke cigarettes?

- ○ 1. Every day
- ○ 2. Sometimes
- ○ 3. No → ***go to question 14***

10. How many cigarettes do you smoke per day?

_____ number of cigarettes

Pack Years Calculator

11. How long have you smoked cigarettes?

_____ years + _____ months

12. How prepared (willing) are you to decrease the number of cigarettes you smoke?

○ 0	○ 1	○ 2	○ 3	○ 4	○ 5	○ 6	○ 7	○ 8	○ 9	○ 10
Not prepared to decrease										Already decreasing

13. How confident are you that you can decrease the number of cigarettes that you smoke?

○ 0	○ 1	○ 2	○ 3	○ 4	○ 5	○ 6	○ 7	○ 8	○ 9	○ 10
Not confident										Very confident

→ ***go to question 18***

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14. Have you ever smoked cigarettes regularly?

- ◯ 1. Yes
- ◯ 2. No → ***go to question 18***

15. How many cigarettes did you used to smoke every day?

_____ number of cigarettes

16. How many years did you smoke cigarettes?

_____ years

17. How long ago did you stop smoking cigarettes?

_____ years

18. How often have you used a vape or e-cigarettes in the past 12 months?

- ◯ 1. Every day or almost every day
- ◯ 2. Weekly
- ◯ 3. Monthly
- ◯ 4. Every few months
- ◯ 5. Never

19. How often have you used snuff or chewing tobacco in the past 12 months?

- ◯ 1. Every day or almost every day
- ◯ 2. Weekly
- ◯ 3. Monthly
- ◯ 4. Every few months
- ◯ 5. Never

20. How often have you smoked, vaped, or used marijuana/cannabis/weed or eaten things with marijuana like edibles or oil in the past 12 months?

- ◯ 1. Every day or almost every day
- ◯ 2. Weekly
- ◯ 3. Monthly
- ◯ 4. Every few months
- ◯ 5. Never

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Exercise

This section is a modified version of the General Practice Physical Activity Questionnaire (GPPAQ).

21. Please tell us the amount of exercise involved in your work.

- ◯ 1. I am not employed.
- ◯ 2. I mostly sit at work.
- ◯ 3. I mostly stand or walk at work (example: cashier, daycare worker, etc.).
- ◯ 4. At work I move a lot, move heavy objects and/or use tools (example: cleaner, nurse, etc.).
- ◯ 5. At work I am very active and may use very heavy objects (example: construction worker, garbage collector, etc.).

22. During the <u>last week</u>, please mark with an "X" how much time you spent on each.

	None	Less than 1 hour	1 to less than 3 hours	3 hours or more
Jogging, hiking, hunting, canoeing, trapping, etc.	◯	◯	◯	◯
Bicycling	◯	◯	◯	◯
Walking	◯	◯	◯	◯
Housework or childcare	◯	◯	◯	◯
Gardening or do-it-yourself projects	◯	◯	◯	◯

23. How would you describe your usual walking pace?

- ◯ 1. Slow (can talk, drink, eat while walking)
- ◯ 2. Average (can talk while walking)
- ◯ 3. Brisk (can only talk in short sentences)
- ◯ 4. Fast (too fast to talk to someone)

24. Do you use weights or do body weight or muscle strengthening exercises 2 or more days per week?

- ○ 1. Yes
- ○ 2. No

25. How prepared (willing) are you to increase your exercise?

0	1	2	3	4	5	6	7	8	9	10
Not prepared to increase										Already increasing

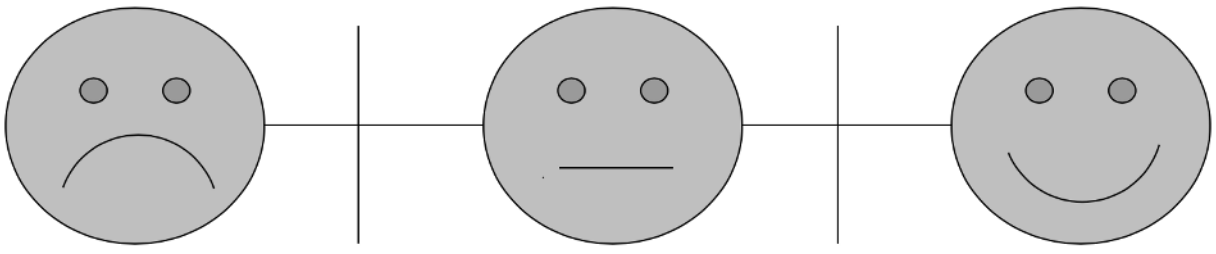
26. How confident are you that you can increase your exercise?

0	1	2	3	4	5	6	7	8	9	10
Not confident										Very confident

Eating

This section is a modified version of Starting the Conversation (STC) Nutrition Questionnaire (based on Paxton et al. 2011).

27. How is your diet?



1. Poor ○ 2. Fair ○ 3. Good ○ 4. Very Good ○ 5. Excellent ○

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28. Over the past few months:

How many times a week did you eat:			
a) Fast or fried food	Less than 1 time ◯	1-3 times ◯	4 or more ◯
b) Potato chips or crackers	Less than 1 time ◯	2-3 times ◯	4 or more ◯
c) Cake, pies, cookies, candy or chocolate	Less than 1 time ◯	2-3 times ◯	4 or more ◯
d) Meat or protein products	3 or more times ◯	1-2 times ◯	Less than 1 time ◯

How many times each day did you eat:			
e) Fruit (canned, frozen or fresh) Serving: Fist-sized amount	◯ 5 or more	◯ 3-4 times	◯ 2 or less
f) Vegetables (canned, frozen or fresh) Serving: Fist-sized amount	◯ 5 or more	◯ 3-4 times	◯ 2 or less
g) Pop, glasses of sweet tea, sugary drinks, cups of sweetened coffee Serving: 1 glass	◯ Less than 1	◯ 1-2 times	◯ 3 or more

How much butter or animal fat do you put on:			
h) Vegetables, potatoes, bread, bannock/fry bread or corn	◯ Very little	◯ Some	◯ A lot

29. How prepared (willing) are you to improve your diet?

◯ ◯ ◯ ◯ ◯ ◯ ◯ ◯ ◯ ◯ ◯

0 1 2 3 4 5 6 7 8 9 10

Not prepared to improve — Already improving

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30. **How confident are you that you can improve your diet?**

0	1	2	3	4	5	6	7	8	9	10
Not confident										Very confident

Alcohol

31. **Have you drunk any alcohol in the 12 months?**

- ○ 1. Yes
- ○ 2. No → ***go to Section G***

32. **How many alcohol drinks do you usually have each week?** *One drink is one beer, one glass of wine, or one shot of hard liquor.*

_____ Number of alcohol drinks per week

33. **When you are drinking alcohol, how many drinks do you have?**

1	2	3	4	5	6	7	8 →go to question 7i	9	10 or more

34. **MEN: How often do you have 4 or more alcohol drinks at one time?**

WOMEN: How often do you have 3 or more alcohol drinks at one time?

- ○ 1. Never
- ○ 2. Less than monthly
- ○ 3. Monthly
- ○ 4. Weekly
- ○ 5. Daily or almost daily

35. **How prepared (willing) are you to decrease the amount of alcohol you drink**?

0	1	2	3	4	5	6	7	8	9	10
Not prepared to decrease										Already decreasing

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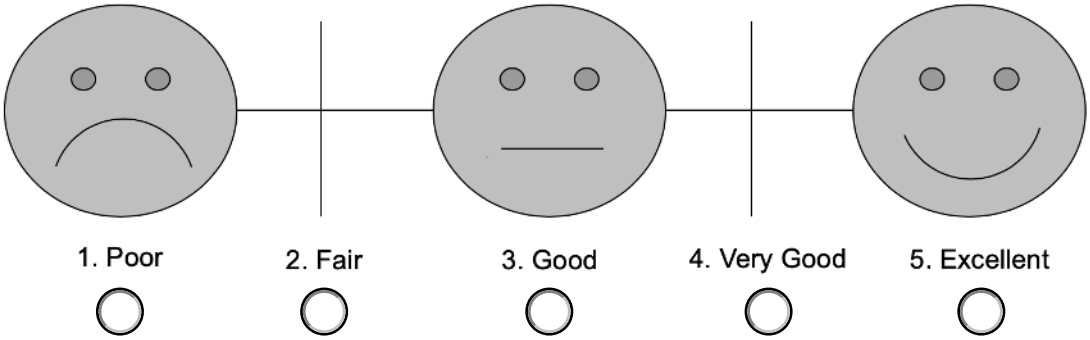
36. How confident are you that you can decrease the amount of alcohol you drink?

0	1	2	3	4	5	6	7	8	9	10
Not confident										Very confident

SECTION G: GENERAL HEALTH

37. Is your health:



This section is the Patient Health Questionnaire-2 (PHQ-2).

38. Over the LAST 2 WEEKS, how often have you been bothered by any of the following problems?

38a. Little interest or pleasure in doing things

- 1. Not at all
- 2. Several days
- 3. More than half the days
- 4. Nearly every day

38b. Feeling down, depressed or hopeless

- 1. Not at all
- 2. Several days
- 3. More than half the days
- 4. Nearly every day

0

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SECTION H: FAMILY MEDICAL HISTORY

39. *Please complete the tables on the next page. Please only use blood or birth relatives.*

If one or more of your blood relatives was diagnosed with the disease, please write the age of who was diagnosed at the youngest. For example, if your sister was diagnosed with diabetes at age 20 and your brother was diagnosed at age 35, you would write "20" under youngest age at diagnosis. If you don't know the age someone was diagnosed, please use your best guess.

Chronic Diseases	**Mom, Dad, Brothers, Sisters, Children**	
	How many relatives with disease	**Youngest age at diagnosis**
Breast Cancer		
Colon Cancer		
Diabetes		
Osteoporosis		
Ovarian Cancer		
Pancreatic Cancer *(Pancreatic cancer starts in the pancreas, which is a part of your digestive system. The pancreas makes juices that help to break down food. Symptoms include: jaundice (yellowing of the skin), belly or back pain, weight loss, blood clots, and liver enlargement)*		
Prostate Cancer		

Chronic Diseases	**Uncles, Aunts, Nieces, Nephews, Cousins, and Grandparents**	
	How many relatives with disease	**Youngest age at diagnosis**
Breast Cancer		

Colon Cancer		
Ovarian Cancer		
Pancreatic Cancer		
Prostate Cancer		

40. Did any male relatives have breast cancer?

- ◯ 1. Yes
- ◯ 2. No
- ◯ 3. Don't know

SECTION I: ABOUT YOU

41. What is your Indigenous background?

- ◯ 1. Inuk or Inuit
- ◯ 2. Metis
- ◯ 3. First Nations
- ◯ 4. I am not Indigenous

42. Please tell us what else best describes your ethnic/cultural background. Please circle all that apply:

- ◯ 1. African-Caribbean
- ◯ 2. Ashkenazi Jewish
- ◯ 3. East Asian
- ◯ 4. European
- ◯ 5. Icelandic
- ◯ 6. Latin American
- ◯ 7. Middle Eastern
- ◯ 8. North American
- ◯ 9. Southeast Asia
- ◯ 10. South Asian
- ◯ 11. West Asian
- ◯ 12. Don't know

43. If there is anything else that you would like us know?

_____

_____

_____

MIIGWETCH! HAI-HAI! NAKURMIIK! THANK YOU, for completing the BETTER Health Survey™! Please return your survey to your healthcare provider.

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