



An initiative of



MINISTRY OF HEALTH
SINGAPORE

Healthier SG Onboarding Questionnaire

Complete a simple questionnaire to facilitate your first onboarding health consultation.
5 minutes estimated time to complete. Please tick on the circles and fill in the blanks accordingly.

Name:		NRIC:
Height(cm):	Weight(kg):	Body Mass Index (BMI):

Smoking History

1. Are you a smoker?
 No, never smoked No, ex-smoker Yes, current smoker

Medical History

2. Has a doctor ever told you that you have diabetes, high blood pressure, and/or high blood cholesterol?
 Yes No Not sure

If yes, please select all that apply:

- Diabetes* High blood pressure High blood cholesterol

*Which of the following screenings have you gone for in the last 1 year? Please select all that apply.

- Diabetic eye screening Diabetic foot screening None of them Not sure

Health Screening (If you have answered 'Yes' in Question 2, please skip ahead to Question 6.)

3. Did you go for diabetes screening in the past 3 years?
 Yes No Not sure
4. Did you go for blood pressure screening in the past 2 years?
 Yes No Not sure
5. Did you go for cholesterol screening in the past 3 years?
 Yes No Not sure
6. Did you go for colorectal cancer screening, either a (i) Faecal Immunochemical Test in the past year, or (ii) Colonoscopy in the last 10 years?
 Yes No Not sure Not applicable, I am not 50 years old and above
7. Did you go for breast cancer screening (Mammogram) in the past 2 years?
 Yes No Not sure Not applicable, I am not a female 50 years old and above
8. Did you go for cervical cancer screening, either (i) a Pap Smear in the past 3 years, or (ii) HPV DNA test in the past 5 years?
 Yes No Not sure Not applicable, I am not a female 25 years old and above

Other Concerns

What other health concerns do you have?



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English Version | 中文版

健康 SG 登记问答卷

请完成这项简单的问答卷，已协助您健康 SG 的首次门诊。
只需五分钟完成。请在圆圈上打勾并准确的填空。

姓名:		身份证号码:
身高(公分):	体重(公斤):	身体质量指数:

饮烟习惯

1. 您是否抽烟?

- 从没抽过 有抽过, 但戒了 还在抽

目前的症状于病史

2. 医生诊断过您是否患有糖尿病, 高血压或高脂血症吗?

- 有 没有 不确定

如果您回答 ‘有’, 请选出以下符合您病况的选择:

- 糖尿病* 高血压 高脂血或高胆固醇

*请选择您这一年之内是否参与以下检测?

- 糖尿病视网膜摄影 糖尿病足部筛查 都没有 不确定

体检 (如果第二题答 ‘有’, 请直接跳到第六题继续回答。)

3. 您有在前三年内曾去过糖尿病前期筛查吗?

- 有 没有 不确定

4. 您有在前两年内曾去过血压监测吗?

- 有 没有 不确定

5. 您有在前三年内曾去过胆固醇监测吗?

- 有 没有 不确定

6. 您有曾去过直肠癌检测吗, 比如 (i) 在去年验过粪便免疫化学试验, 或者 (ii) 在这十年内去过结肠镜检查?

- 有 没有 不确定 我年龄不过 50 岁及以上。

7. 您有在前两年内曾去过乳腺癌 (乳房 X 线检查) 筛查吗?

- 有 没有 不确定 我年龄不过 50 岁及以上, 也不是女性。

8. 您有曾去过宫颈癌筛查吗, 比如 (i) 在前三年内去过宫颈涂片检查, 或者 (ii) 在这五年内去过 HPV DNA 检测?

- 有 没有 不确定 我年龄不过 25 岁及以上, 也不是女性。

其他关注

您有别的关于您健康方面的疑问吗?