

B-Shop
SCREENING QUESTIONNAIRE

ID# _____

Date: ____/____/____

Location of screening _____

Is the mobile van present? ☐ Yes ☐ No

Are the nurses present? ☐ Yes ☐ No

1. Sex: ☐ Female ☐ Male

2. Are you over 50 years of age? ☐ Yes ☐ No

3. Which of the following categories best describes you?

- | | |
|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Caribbean (of African descent) |
| <input type="checkbox"/> Black | <input type="checkbox"/> Caribbean-American (of African descent) |
| <input type="checkbox"/> Black American | <input type="checkbox"/> Afro-Caribbean |
| <input type="checkbox"/> African | <input type="checkbox"/> American Indian |
| <input type="checkbox"/> African American | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> West Indian (of African descent) | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> West-Indian American (of African descent) | <input type="checkbox"/> Other (please specify) _____ |

4. What is the highest grade or year of school you have completed?

- ☐ Never attended school or only kindergarten
- ☐ Grades 1-8 (Elementary)
- ☐ Grades 9-11
- ☐ High school graduate or GED
- ☐ Some college (including 2-year college or technical school)
- ☐ College graduate (4 yrs or more)
- ☐ Post college: e.g.: masters, doctorate, law degree, etc.

About Your Health

1. Would you say that in general your health is:

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

2. Has your doctor ever told you that you had hypertension or high blood pressure?

- ☐ No ☐ Yes

If YES, Are you currently taking any medication for it?

- ☐ No ☐ Yes

3. Have you ever had a colon cancer screening (Colonoscopy, Sigmoidoscopy, Digital Contrast Barium Enema, CT-colonoscopy, Fecal Immunochemical Test or Fecal Occult Blood Test)?

- ☐ No ☐ Yes

If YES, what type of test was it? _____

How long ago was the test done? _____

(Inclusion Criteria: 1) no colonoscopy in the last 10 years; 2) no Flexible sigmoidoscopy, Digital Contrast Barium Enema or CT-colonoscopy in the last 5 years, or 3) no Fecal Immunochemical Test or Fecal Occult Blood Test in the last 12 months.)

4. Has your doctor ever told you that you had colon cancer?

☐ No ☐ Yes

5. Has a doctor ever told you that you had diabetes?

☐ No ☐ Yes

If YES, Are you currently taking any medication for your diabetes?

☐ No ☐ Yes

6. Has your doctor ever told you that you had high blood cholesterol?

☐ No ☐ Yes

If YES, Are you currently taking any medication for your cholesterol?

☐ No ☐ Yes

7. Has a doctor ever told you that you had kidney failure?

☐ No ☐ Yes

8. Do you have any other diseases or health conditions that I have not already mentioned?

☐ No ☐ Yes _____

9. Do you have a working phone?

☐ No ☐ Yes

Blood Pressure (From the Dominant Arm)

Dominant Arm: ☐ Right ☐ Left

Cuff Size: ☐ Adult ☐ Adult Large ☐ Thigh Cuff (Manual)

SBP1: _____ mmHg DBP1: _____ mmHg SBP3: _____ mmHg DBP3: _____ mmHg

SBP2: _____ mmHg DBP2: _____ mmHg

AVERAGE (calculate): SBP _____ mmHg DBP: _____ mmHg

Does participant have uncontrolled HTN defined as SBP \geq 135 mmHg or DBP \geq 85 mmHg or SBP \geq 130 or DBP \geq 80 if they have Diabetes or Kidney Disease

Eligible: _____ Yes _____ No

Would you be interested in participating in a barbershop-based program to help improve your blood pressure or get free preventive cancer screenings (**for participants age 50+)?

☐ No ☐ Yes

If no, reason: _____

Weight (kg) _____

Height (cm) _____

Waist Circumference (cm) _____