

Health Risk Assessment Questionnaire

Patient information

Name:

Date of birth:

Gender:

Date:

Referring physician:

For the following questions please select/tick the number which best identifies your response to each corresponding statement.

1 - Never; 2 - Almost never; 3 - Occasionally; 4 - Almost always; 5 - Always

Physical activity

	1 Never	2 Almost never	3 Occasionally	4 Almost always	5 Always
I engage in moderate physical activity outside of work for at least 20 to 30 minutes five days a week.					
My physical activity includes stretching, aerobic activity, and strength conditioning.					
I use alternative modes of transportation whenever possible (i.e., stairs instead of elevator, biking or walking instead of driving).					
I take the health benefits of physical activities and their lasting impact seriously.					
I enjoy sedentary activities rather than physical activities.					

Nutrition					
	1 Never	2 Almost never	3 Occasionally	4 Almost always	5 Always
I eat at least five servings of fruits and vegetables every day (one serving equals one-half cup).					
I eat at fast food restaurants less than three times per week.					
I include foods that are high in fiber in my diet on a daily basis (i.e. whole grain breads and cereals, beans, etc.					
I maintain a healthy weight within the recommendations specified by a healthcare professional.					
I avoid eating foods that are high in fat such as whole milk, fried foods, fatty meats, etc.					
I have a healthy relationship with food.					
General health					
	1 Never	2 Almost never	3 Occasionally	4 Almost always	5 Always
I avoid the use of tobacco products (cigarettes, smokeless tobacco, cigars, and pipes) and limit myself to 5 drinks of alcohol a week. (beer, liquor, wine)					

	1 Never	2 Almost never	3 Occasionally	4 Almost always	5 Always
I examine my breasts or testes on a monthly basis.					
I protect my skin from sun damage by using sunscreen, wearing hats, and/or avoiding tanning booths and sunlamps.					
I prioritize getting sufficient sleep (7–9 hours per night for adults).					
I visit my dentist every six months for regular checkups					
I see my physician for routine check-ups, health screenings, and disease prevention.					
I limit my alcohol consumption to within the recommended guidelines.					
Safety					
	1 Never	2 Almost never	3 Occasionally	4 Almost always	5 Always
I wear a seat belt when traveling in a vehicle.					
I stay within five miles per hour of the speed limit.					
I know where to locate and properly use a first aid kit and fire extinguisher in case of an emergency.					

	1 Never	2 Almost never	3 Occasionally	4 Almost always	5 Always
I use the recommended safety equipment for all activities that I participate in (i.e. mouth guards, life jackets, hard hats, etc.).					
I take the proper precautions to avoid or reduce workplace accidents. (i.e. clean up spills)					
Before making decisions, I gather facts and consider all viable options.					

Emotional and mental health

	1 Never	2 Almost never	3 Occasionally	4 Almost always	5 Always
I express my feelings of anger and frustration in ways that are not hurtful to myself or others.					
I am able to manage my stress effectively.					
I feel confident in myself and my abilities					
I recognize symptoms of emotional distress and take steps to address them.					
I have access to emotional support from family, friends, or professionals when needed.					
I set reasonable objectives for myself and strive to accomplish them.					

Social factors					
	1 Never	2 Almost never	3 Occasionally	4 Almost always	5 Always
My relationships and behaviors are maintained in a manner that is healthy for me and for others.					
I am able to develop close, personal relationships with others.					
I keep informed about social, political, and/or current events.					
I have positive relationships with both men and women in my life					
I am able to respect others for who they are, regardless of race, gender, age, attitude, and interests.					
Values, spirituality, and beliefs					
	1 Never	2 Almost never	3 Occasionally	4 Almost always	5 Always
I feel that my life has a purpose.					
I am able to discuss my values and beliefs with my family and friends in a reasonable manner.					
My actions are guided by my own beliefs rather than the beliefs of others.					
I spend a portion of every day in personal reflection.					

	1 Never	2 Almost never	3 Occasionally	4 Almost always	5 Always
I am tolerant of the values and beliefs of others.					
I seek opportunities to learn new things through different mediums such as television, books, newspapers, internet, etc.					

Occupational wellness

	1 Never	2 Almost never	3 Occasionally	4 Almost always	5 Always
I enjoy my work.					
I am satisfied with the balance between my work time and leisure time.					
I am satisfied with my ability to manage and control my workload.					
The level of stress in my work environment is manageable for me.					
At work, my level of authority is consistent with my level of responsibility.					

Additional notes