

Health Risk Assessment (HRA)

Name: _____ Date: _____

Behavioral Risk Factors

Physical Inactivity/Lack of Exercise

1. How many days a week do you usually exercise?
 days per week
2. On days when you exercise, for how long do you usually exercise?
 minutes per day
 does not apply
3. How intense is your typical exercise? (check one)
 Light (like stretching or slow walking)
 Moderate (like brisk walking)
 Heavy (like jogging or swimming)
 Very heavy (like fast running or stair climbing)
 I am currently not exercising

Smoking/Tobacco Use

4. Do you currently smoke cigarettes or use other types of tobacco? (check one)
 Yes
 No
5. Are you a former smoker?
 Yes, and I quit
 No, I've never smoked
 Does not apply
6. If you quit smoking, how long ago did you quit?
 Less than 6 months ago
 6-11 months ago
 1-5 years ago
 6-10 years ago
 More than 10 years ago
 Does not apply
7. Do you use these other tobacco products? (check all that apply)
 Cigars
 Pipes
 Chewing tobacco/snuff
 I use no other tobacco products

Alcohol Use

Name: _____

Date: ____ / ____ / ____

8. In a typical week, how many days do you drink alcohol?
____ days per week
9. On days when you drink, how many alcoholic drinks do you consume?
____ drinks per day
10. In a typical week, how often do you have 5 or more alcoholic drinks on one occasion?
____ Never
____ Once a week
____ 2-3 times per week
____ More than 3 times per week

Nutrition

11. On a typical day, how many servings of fruits and/or vegetables do you eat? (1 serving = 1 cup of fresh vegetables, ½ cup of cooked vegetables, or 1 medium piece of fruit, 1 cup = size of a baseball)
____ servings per day
12. On a typical day, how many servings of high fiber or whole grain foods do you eat? (1 serving = 1 slice of whole wheat bread, 1 cup of whole-wheat grain or high-fiber ready to eat cereal, ½ cup of cooked cereal such as oatmeal, or ½ cup of cooked brown rice or whole wheat pasta)
13. On a typical day, how many servings of fried or high-fat foods do you eat? (Examples include fried chicken, fried fish, bacon, French fries, potato chips, corn chips, doughnuts, creamy salad dressings, and foods made with whole milk, cream, cheese, or mayonnaise)
____ servings per day

Motor Vehicle Safety

14. Do you always fasten your seatbelt when you are in the car?
____ Yes
____ No
15. Do you ever drive after drinking, or ride with a driver who has been drinking?
____ Yes
____ No

Sun Exposure

16. Do you protect yourself from the sun when you are outdoors?
____ Yes
____ No