Anthem

General Health Risk Assessment

Please complete this form by entering your answers in the space provided. Schedule an appointment with your doctor for a Health Risk Assessment. Bring your completed form with you to that appointment.

Your name:_____

Date of birth:_____

Gender: ❑ Male ❑ Female

Weight (in pounds): _____

Height: _____

Body frame size: ❑ Small ❑ Medium ❑ Large

Race: ❑ African-American ❑ Aleutian ❑ Asian ❑ Caucasian ❑ Eskimo
❑ Hispanic/Latin ❑ Other _____ ❑ Don't Know

Gender-specific: female

At what age did you have your first menstrual period?_____

How old were you when your first child was born?_____

About how long has it been since your last mammogram (breast x-ray)?

_____

How many women in your natural family (mother and sisters only) have had breast cancer? _____

How often do you examine your breasts for lumps?_____

When did you last have your breasts examined by a nurse or physician?

_____

Have you had a hysterectomy operation (removal of your uterus)?_____
❑ Yes ❑ No

When did you last have a pap smear?_____

About how long has it been since you had a rectal exam?_____

Gender-specific: male

About how long has it been since you had a rectal or prostate exam?_____

My health and family history

Has a health care provider ever said that you or a member of your immediate family has or has had any of the following? (Please check any that apply)
❑ Cancer ❑ Diabetes ❑ Heart attack ❑ Heart disease
❑ High blood pressure ❑ High cholesterol ❑ Stroke

Which describes your blood pressure? (Please check one)
❑ High ❑ Normal ❑ Low ❑ Don't know

If you know your blood pressure reading, please enter here:_____

Which describes your total cholesterol?
❑ High ❑ Normal ❑ Low ❑ Don't know

If you know your total cholesterol level, please enter here: _____

Tobacco use

Describe your tobacco use. (If you check "Never used tobacco," skip to Nutrition section.)
❑ Never used tobacco ❑ Used to smoke or chew ❑ Still smoke or chew

How many years has it been since you smoked cigarettes fairly regularly?

_____

How many cigarettes a day do you, or did you, smoke?_____

How many cigars do you smoke each day?_____

How many pipes of tobacco do you usually smoke each day?_____

How many times per day do you usually use smokeless tobacco?_____

Nutrition

How often do you eat: At least 6 servings of bread, cereal, rice and pasta?

_____

At least 2-4 servings of fruit?_____

At least 3-5 servings of vegetables?_____

At least 2-3 servings of meat and dairy products (milk and cheese)?

_____

Fatty meats like sausage, steak, roasts or deep fried foods?

_____

Rich breads (doughnuts, croissants) and fried grains (chips)?

_____

Rich desserts (ice cream, custards, pies and cakes)?

_____

Alcohol

How many drinks of alcoholic beverages do you have in a typical week?_____

Injury

How many miles per year do you drive in a car, truck or van?_____

How many miles per year do you ride on a motorcycle?_____

On a typical day, how do you usually travel?_____

What percent of the time do you usually buckle your safety belt when driving or riding?

_____

If you ride a motorcycle or ATV (all-terrain vehicle), what percent of the time do you wear a helmet?

_____

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Injury *(continued)*

On average, how close to the speed limit do you usually drive?_____

How many times in the last month did you drive or ride when the driver had perhaps too much alcohol to drink?

_____

Fitness

Do you have an existing condition that prevents you from exercising?

_____

How many times do you engage in physical activity in a typical week?_____

Wellbeing

Considering your age, how would you describe your overall physical health?
❑ Excellent ❑ Good ❑ Fair ❑ Poor

In general, how satisfied are you with your life?
❑ Mostly satisfied ❑ Partly satisfied ❑ Not satisfied

Have you suffered a personal loss or misfortune in the past year that had a serious impact on your life?
❑ Yes, one serious loss or misfortune ❑ Yes, two or more ❑ No

Did you feel depressed during the past month?
❑ Yes, I felt like taking my own life
❑ Yes, I didn't care about anything
❑ Yes, very depressed almost every day
❑ Yes, quite depressed almost every day
❑ Yes, quite depressed several times
❑ Yes, a little depressed now and then
❑ No, never felt depressed at all

Have you been bothered by nervousness during the past month?
❑ Every day ❑ Almost every day ❑ About half the time
❑ Now and then, but less than half the time ❑ Rarely ❑ None of the time

I felt downhearted and blue during the past month.
❑ None of the time ❑ A little of the time ❑ Some of the time
❑ A good bit of the time ❑ Most of the time ❑ All of the time

Were you generally tense or did you feel any tension during the past month?
❑ Yes, extremely tense, most of the time
❑ Yes, very tense most of the time
❑ Did feel fairly tense several times
❑ I felt a little tense several times
❑ My general tension level is quite low
❑ Never felt tense or any tension at all

Have you felt so sad, discouraged, or hopeless or had so many problems that you wondered if anything was worthwhile during the past month?
❑ Extremely so, I have given up ❑ Very much so ❑ Quite a bit
❑ Some, enough to bother me ❑ A little bit ❑ Not at all

Have you been anxious, worried, or upset during the past month?
❑ Extremely so, to the point of being sick ❑ Very much so ❑ Quite a bit
❑ Some, enough to bother me ❑ A little bit ❑ Not at all

Have you felt relaxed, or high-strung, tight or keyed up during the past month?
❑ Relaxed and at ease all month
❑ Relaxed and at ease most of the time
❑ Felt relaxed, at times felt high strung
❑ Felt high strung, at times felt relaxed
❑ High strung or keyed-up most of the time
❑ Felt high strung or keyed up the whole month

Have you been under or felt you were under any strain, stress or pressure during the past month?
❑ Yes, more than I could stand
❑ Yes, quite a bit of pressure
❑ Yes, some, more than usual
❑ Yes, some, but not more than usual
❑ Yes, a little bit
❑ Not at all