

1. BEHAVIORAL RISK FACTORS

PHYSICAL INACTIVITY/LACK OF EXERCISE

How many days a week do you usually exercise?

___ days per week

On days when you exercise, for how long do you usually exercise?

___ minutes per day

___ Does not apply

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

Do you currently smoke cigarettes or use other types of tobacco? (check one)

___ Yes

___ No

Are you a former smoker?

___ Yes, and I quit

___ No, I've never smoked

___ Does not apply

If you quit smoking, how long ago did you quit smoking cigarettes?

___ 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

Do you use these other tobacco products? Check all that apply:

___ Cigars

___ Pipes

___ Chewing tobacco/snuff

___ I use no other tobacco products

ALCOHOL USE

In a typical week, how many days do you drink alcohol?

_____ days per week

On days when you drink alcohol, how many alcoholic drinks do you consume?

_____ drinks per day

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

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

On a typical day, how many servings of high fiber or whole grain foods do you eat? (1 serving = 1 slice of 100% whole wheat bread, 1 cup of whole-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)

_____ servings per day

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

Do you always fasten your seat belt when you are in the car?

_____ Yes

_____ No

Do you ever drive after drinking, or ride with a driver who has been drinking?

_____ Yes

_____ No

SUN EXPOSURE

Do you protect yourself from the sun when you are outdoors?

_____ Yes

_____ No

2. BIOMETRIC MEASURES (SELF-REPORTED)

(To be completed by the patient unless the HRA is being prepopulated by laboratory, EHR/PMS, or other medical practice source data)

BLOOD PRESSURE

If your blood pressure was checked within the past year, what was it when it was last checked?

- Low or normal (at or below 120/80)
- Borderline high (120/80 to 139/89)
- High (140/90 or higher)
- Don't know/not sure
- Does not apply

CHOLESTEROL

If your cholesterol was checked within the past year, what was your total cholesterol when it was last checked?

- Desirable (Below 200)
- Borderline high (200-239)
- High (240 or higher)
- Don't know/not sure
- Does not apply

BLOOD GLUCOSE

If your glucose was checked within the past year, what was your fasting blood glucose (blood sugar) level the last time it was checked?

- Desirable (Below 100)
- Borderline high (100-125)
- High (126 or higher)
- Don't know/not sure
- Does not apply

Have you ever been told by a doctor or a health professional that you have diabetes or high blood sugar?

- Yes
- No (skip to next section)

If you have had your hemoglobin A-1C level checked within the past year, what was it the last time you had it checked?

- Desirable (6 or lower)
- Borderline high (7)
- High (8 or higher)
- Don't know/not sure
- Does not apply

OVERWEIGHT/OBESITY

What is your height? Example: 5 feet, 6 inches = 5'6"

____ Feet, ____ Inches

What is your weight?

____ Pounds

3. PSYCHOSOCIAL RISK FACTORS**DEPRESSION**

Over the past 2 weeks, how often have you felt down, depressed, or hopeless?

____ Almost all of the time

____ Most of the time

____ Some of the time

____ Almost never

Over the past 2 weeks, how often have you felt little interest or pleasure in doing things?

____ Almost all of the time

____ Most of the time

____ Some of the time

____ Almost never

Have your feelings caused you distress or interfered with your ability to interact socially with friends?

____ Yes

____ No

During the past 6 months, how often have you felt sad or depressed?

____ Almost all of the time

____ Most of the time

____ Some of the time

____ Almost never

In general, how satisfied are you with your life?

____ Very satisfied

____ Satisfied

____ Dissatisfied

____ Very dissatisfied

HIGH STRESS

How often is stress a problem for you?

- Never/rarely
- Sometimes
- Often
- Always

How well do you handle the stress in your life?

- I'm usually able to cope effectively
- At times I have problems coping
- I often have problems coping

GENERAL WELL-BEING

In general, would you say your health is

- Excellent
- Very good
- Good
- Fair
- Poor

SOCIAL/EMOTIONAL SUPPORT

How often do you get the social and emotional support you need:

- Always
- Usually
- Sometimes
- Rarely
- Never

GENERAL LIFE SATISFACTION

In general, how satisfied are you with your life:

- Very satisfied
- Satisfied
- Dissatisfied
- Very dissatisfied

SLEEP

How many hours of sleep do you usually get each night?

4. CHEMOPROPHYLAXIS

DAILY ASPIRIN USE

Have you discussed taking a daily aspirin with your doctor?

- Yes
- No