HEALTH RISK ASSESSMENT FOR ANNUAL PHYSICALS

Patient Name: _____ **DOB:** _____

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 (in minutes):

_____ minutes per day
_____ Does not apply

How intense is your typical exercise?

_____ 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?

_____ 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

Indicate below if you currently use any of these other tobacco products:

_____ 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

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 WELLBEING
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?

CHEMOPROPHYLAXIS

DAILY ASPIRIN USE
Have you discussed taking a daily aspirin with your doctor?

Yes

No

Guidance on Development of Health Risk Assessment as Part of the Annual Wellness Visit for Medicare Beneficiaries— (Section 4103 of the Patient Protection and Affordable Care Act)

General Proceedings from a Public Forum, Expert Input, and the Research Literature for the Design of Patient-Centered Health Assessments Final Report

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