

Comprehensive Lifestyle Risk Assessment

The following questions are personal. All answers are strictly confidential and will only be used in providing the best possible care to you. Your answers will not be discussed with anyone but you unless you specifically request that and give your written permission. Please answer all questions as honestly and completely as possible. Please discuss any questions with your health care provider. Thank you for completing this questionnaire!

Comprehensive Lifestyle Risk Assessment

Name: _____

Birthdate: _____

Age: _____

Sex: Female Male

Preventive Medical & Self Care

Have you had the following preventive exams? (skip item if not applicable to your age/gender)

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Physical exam within last 1-2 years |
| <input type="checkbox"/> | <input type="checkbox"/> | Blood pressure check within last 1-2 years |
| <input type="checkbox"/> | <input type="checkbox"/> | Cholesterol check within last 2-5 years |
| <input type="checkbox"/> | <input type="checkbox"/> | Dental exam within last year |
| <input type="checkbox"/> | <input type="checkbox"/> | Prostate exam within last 1-2 years (men age 50+) |
| <input type="checkbox"/> | <input type="checkbox"/> | Bowel exam (colonoscopy/flexible sigmoidoscopy) within last 5-10 years (age 50+) |
| <input type="checkbox"/> | <input type="checkbox"/> | PAP test within last 1-3 years (women) |
| <input type="checkbox"/> | <input type="checkbox"/> | Mammogram within last 1-2 years (women age 40+) |
| <input type="checkbox"/> | <input type="checkbox"/> | Tetanus shot within last 10 years |

How often do you floss your teeth? Daily or almost daily Sometimes Seldom/Never

(Women only) How often do you examine your breasts for lumps?

Monthly Every few months Seldom/Never

(Men only) How often do you examine your testicles for lumps?

Monthly Every few months Seldom/Never

On average, how many hours of sleep do you get each night?

- 9 or more
 7-8
 5-6
 Less than 5

In your view, which statement best describes the actual amount of sleep you get compared to the amount of sleep you need?

- I sleep more than I need to/should
 I sleep about the right amount
 I don't get enough sleep
Other _____

How often do you feel well rested or energetic?

Always Almost Always Sometimes Rarely Never

How often do you feel tired or lacking energy?

Always Almost Always Sometimes Rarely Never

Safety

On a typical day, how do you usually travel?

- Subcompact or compact car
 Midsize or full size car or minivan
 SUV, truck, or van
 Motorcycle
 Other _____

What percent of the time do you usually buckle your seat belt when driving or riding in a car?
_____ %

If you ride a motorcycle, what percent of the time do you usually wear a helmet?
_____ %

Does your home have a working smoke alarm near your sleeping area(s)?

Yes No

How often do you limit sun exposure or wear sunscreen?

Always Sometimes Seldom/Never

(Optional Question) How often do you use safe sexual practices to avoid pregnancy and sexually transmitted diseases (such as abstinence, always using condoms, or relations with an uninfected monogamous partner?) Always Sometimes Seldom/Never

Physical Activity

In a typical week, how many TIMES per week do you get physical activity (exercise which is hard enough to make you breath heavily and make your heart beat faster)?

_____ times per week

In a typical week, about how many TOTAL MINUTES PER WEEK do you spend in physical activity?

_____ total minutes per week

If you are physically active, please describe the activities in which you participate in a typical week. Include any aerobic activities, strengthening exercises, and stretching exercises:

Does your occupation involved physical activity?

Yes No If yes, what type?

Do you do any "leisure time" physical activities such as gardening, dancing, shoveling snow, etc? Yes No If yes, what type?

Have you participated in sports or physical activities in the past that you no longer engage in?

Yes No If yes, what type of activities and when?

If you are not currently physically active, what reason(s) best describes why (check all that apply)?

I don't want to be physically active

I don't have time

I don't enjoy any sports or physical activities

I have an illness or injury that prevents me from being active (describe: _____)

I don't have anyone with whom to exercise

I haven't been active for a long time and I don't know how to get back into it safely

I don't want to exercise/go to a gym because I'm embarrassed that I'm out of shape or look bad

Other _____

On an average *weekday*, how much time per day do you spend seated (for example, at a desk or in a car)? _____ hours and _____ minutes per day

On an average *weekend* day, how much time per day do you spend seated (for example, at a desk or in a car)? _____ hours and _____ minutes per day

On an average *weekday*, how much time per day do you spend looking at a screen (including TV, computer, tablet, gaming device, or smartphone)? _____ hours and _____ minutes per day

On an average *weekend*, how much time per day do you spend looking at a screen (including TV, computer, tablet, gaming device, or smartphone)? _____ hours and _____ minutes per day

Eating Habits

How often do you eat breakfast? Daily or almost daily Sometimes Seldom/Never

On a typical day, how long is it between when you awaken and when you first eat? _____

If you eat breakfast, describe a typical breakfast:

If you eat lunch, describe a typical lunch:

If you eat dinner, describe a typical dinner:

Describe what you typically eat between or after meals:

Do you have any food allergies, intolerances, or preferences? Yes No If yes, please describe:

In a typical **day**, how many servings do you consume?

Starchy Vegetables (1 serving = ½ cup chopped frozen, cooked or canned; Starchy vegetables include corn, shelled peas, potatoes, sweet potatoes, winter squash and pumpkin)
_____ servings/day

Non-Starchy Vegetables (1 serving = 1 cup raw leafy vegetables; or ½ cup chopped, frozen, cooked or canned vegetables)
_____ servings/day

100% Whole Grains (1 serving = 1 slice whole wheat bread; ½ cup cooked oatmeal, brown rice quinoa, or other whole grain; ½ cup whole grain pasta; or 2/3 cup ready to eat whole grain cereal)
_____ servings/day

Other (Refined) Grains (1 serving = 1 slice bread made with "enriched wheat flour;" ½ cup pasta; ½ bagel; 1 English muffin; 2/3 cup ready to eat non-whole grain cereal; 5-10 crackers; or 1 cup pretzels)
_____ servings/day

Fruit (1 serving = 1 medium piece of fresh fruit; or ½ cup chopped, frozen, cooked or canned fruit; or ¼ cup dried fruit)
_____ servings/day

Dairy (1 serving = 1 cup milk, yogurt, or kefir; 1 slice (1 oz) cheese; or ½ cup cottage cheese)
_____ servings/day

Water (1 serving = 8 oz)
_____ servings/day

Coffee or Tea (1 serving = 8 oz)
_____ servings regular _____ servings decaf

Fruit Juice (1 serving = 8 oz)
_____ servings/day

Soda (regular or diet) or Sweetened Beverages (1 serving = 12 oz)
_____ servings regular _____ servings diet

In a typical **week**, how many servings do you consume?

Beef or Pork (1 serving = 3 oz meat; small hamburger or hot dog; 2 slices lunch meat)
_____ servings/week

Poultry (1 serving = 3 oz chicken, turkey or other poultry)
_____ servings/week

Eggs (1 serving = 2 eggs)
_____ servings/week

Fish (1 serving = 3 oz baked, broiled, grilled or canned fish)
_____ servings/week
What type of fish? _____

Nuts or Seeds (1 serving = 1 oz (about 1/3 cup) nuts or seeds; or 2 tablespoons nut butter)
_____ servings/week

Plant-based Protein (1 serving = ½ cup beans, lentils or quinoa; ½ cup tofu; or 1 vegetarian burger)
_____ servings/week

Probiotic or Fermented Foods (1 serving = 1 cup yogurt or kefir, 8 oz kombucha, ½ cup kimchi, sauerkraut, or other fermented foods)
_____ servings/week

Sweets (1 serving = 1 small piece of cake or pie; 2 tablespoons syrup or jelly; 3 teaspoons sugar; 1 medium cookie; ½ cup ice cream; 1 regular sized candy)
_____ servings/week

How would you describe your salt use?

- I use it sparingly and limit salty/processed foods
- I don't think much about my salt intake
- I like salt and often salt my foods or chose salty foods
- Other _____

In a typical week, how many times do you eat at or order from a restaurant (including fast food)?
_____ times per week

In a typical week, how many times do you eat in a car or at a desk?
_____ times per week

In a typical week, how many times do you eat seated at a table?
_____ times per week

In a typical week, how many times do you eat meals alone?
_____ times per week

In a typical week, how many times do you eat meals with others?
_____ times per week

If you eat produce, how often do you eat organically grown produce?
 Always Almost Always Sometimes Rarely Never I don't eat this food

If you eat meat, how often do you eat organically raised meat?
 Always Almost Always Sometimes Rarely Never I don't eat this food

What statement best describes your habits and views regarding genetically modified organisms (GMOs)?

- I don't know what GMOs are
- I feel strongly about avoiding GMOs whenever possible
- I prefer not to have GMOs but I do when there aren't reasonable alternatives available
- I would like to avoid GMOs but I don't know what products contain GMOs
- I don't pay much attention to GMOs
- I don't try to avoid GMOs because they haven't been shown to be harmful
- Other _____

Do you have problems paying for food?

Substance Use

Do you smoke cigarettes?
 Yes No Former

If yes, approximately how many cigarettes per day? _____
If former, how many years ago did you quit? _____

Do you use other forms of tobacco (such as cigars, pipes or smokeless tobacco)?
 Yes No Former

If yes, approximately how much? _____
If former, how many years ago did you quit? _____

How often do you use drugs or medication (including prescription drugs) that affect your mood or help you relax? Almost every day Sometimes Rarely or never

How many drinks of alcoholic beverages do you have in a typical week? (one drink = one beer, one glass of wine, one shot of alcohol, or one mixed drink) _____

How many times in the last 6 months did you drive within an hour of having 2 or more alcoholic drinks, or ride with someone who had? Times in last 6 months: _____

Social Connection

What is your marital status:
 Single Separated
 Married Divorced
 Widowed Domestic Partnership

Do you have any pets?
 Yes No If yes, what type?

Please list name, age, and relationship to you of all people living in your household:

How many close friends or relatives do you have that you feel at ease with and can talk to about private matters?

- 0 1 or 2 3-5 6-9 10 or more

How many of these close friends or relatives do you see at least once a month?

- 0 1 or 2 3-5 6-9 10 or more

Do you participate in any groups such as social or work groups, religious groups, self-help groups, or charity/public service/community groups? Yes No

About how often do you attend religious/support/social/community meetings or services?

- Never or almost never
 Once or twice a year
 Every few months
 Once or twice a month
 Once a week
 More than once a week

Is there someone available to you whom you can count on to listen when you really need to talk?

- Always or almost always Sometimes Seldom/Never

Is there someone available to you with whom you can completely "be yourself"?

- Always or almost always Sometimes Seldom/Never

Do you feel concerned or angry over a strained or difficult relationship in your life?

- Always or almost always Sometimes Seldom/Never

Emotional Health and Stress

How often do you have feelings of stress at work?

- Never Rarely Sometimes Almost Always Always

How often do you have feelings of stress at home?

- Never Rarely Sometimes Almost Always Always

How much stress do you feel over finances?

- Little or none Moderate Severe

How many traumatic life events, including death of a loved one, divorce, loss of job, financial crisis, severe conflict, violence, major illness, or other major event, have you experienced in the last year?

- 0 1 2 3+

How do you see your years ahead?

- I do not look forward to what lies ahead for me
 I'm not sure what the future holds for me
 I'm hopeful and expect things to work out well for me

Which statement best reflects how you feel about control of your life?

- My choices mostly determine what happens in my life
 My choices partly determine what happens in my life
 Outside influences mostly determine what happens in my life
 I feel trapped/have no control over what happens in my life

How happy are you?

- Very happy
 Pretty happy
 Unhappy

Have you felt down, depressed, hopeless or had little interest or pleasure in doing things for 2 or more weeks in the past month?

- Yes No

Have your feelings caused you significant distress or impaired your ability to function socially (at work, school, or within your circle of friends)?

- Yes No

How often do you take time to relax/have fun?

- Daily or almost daily Sometimes Seldom/Never

In general, how satisfied are you with your life?

- Very satisfied/happy Mostly satisfied Not very satisfied Dissatisfied/unhappy

Job Satisfaction

How satisfied are you with your work life?

- Very satisfied/happy Mostly satisfied Not very satisfied Dissatisfied/unhappy

During the past 4 weeks at work, how many days did you have physical or mental health problems that resulted in decreased productivity? _____ days

Rate your organization's interest in employee health and creating a healthy work environment

- Excellent Good Fair Poor

Readiness to Change

Which statement best describes your interest in being physically active:

- No present interest in making a change at this time
 Planning to change in the next 6 months
 Planning to change this month
 Recently started doing this
 Already do this regularly (for 6 months or more)

Which statement best describes your interest in practicing good eating habits:

- No present interest in making a change at this time
 Planning to change in the next 6 months
 Planning to change this month
 Recently started doing this
 Already do this regularly (for 6 months or more)

Which statement best describes your interest in avoiding smoking or using tobacco:

- No present interest in making a change at this time
 Planning to change in the next 6 months
 Planning to change this month
 Recently started doing this
 Already do this regularly (for 6 months or more)

Which statement best describes your interest in using healthy coping and communication skills:

- No present interest in making a change at this time
 Planning to change in the next 6 months
 Planning to change this month
 Recently started doing this
 Already do this regularly (for 6 months or more)

Thank you for completing this questionnaire. If you have any questions or concerns about your responses, please discuss them with your provider.