Health Risk Assessment (HRA)

The Health Risk Assessment (HRA) is an interactive questionnaire that provides valuable information about your overall health.

Responses to this questionnaire can be used to begin or expand your personal online medical record and will help structure regular health checkups at your Marathon Health Center.

The questionnaire is designed to be completed by an adult and then reviewed with a healthcare provider.

General Health:

1) In general, I describe my health as:
    - Excellent
    - Very Good
    - Good
    - Fair
    - Poor
2) Currently, how would you rate your quality of life?
    - Excellent
    - Very Good
    - Good
    - Fair
    - Poor

Purpose[1]:

3) For the most part, I am satisfied with the balance between my work life and personal life.
    - Strongly agree
    - Agree
    - Unsure
    - Disagree
    - Strongly disagree

4) In most ways my life is close to my ideal.
    - Strongly agree
    - Agree
    - Slightly agree
    - Neither agree or disagree
    - Slightly disagree
    - Disagree
    - Strongly disagree

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[1] Diener, E., Ph.D. (n.d.). The Satisfaction with Life Scale. Retrieved November 6, 2020, from ********ppc.sas.upenn.edu/sites/default/files/lifesatisfactionscale.pdf

5) The conditions of my life are excellent
   - Strongly agree
   - Agree
   - Slightly agree
   - Neither agree or disagree
   - Slightly disagree
   - Disagree
   - Strongly disagree
6) I am satisfied with my life ___
   - Strongly agree
   - Agree
   - Slightly agree
   - Neither agree or disagree
   - Slightly disagree
   - Disagree
   - Strongly disagree
7) So far I have gotten the important things I want in life.
   - Strongly agree
   - Agree
   - Slightly agree
   - Neither agree or disagree
   - Slightly disagree
   - Disagree
   - Strongly disagree
8) If I could live my life over, I would change almost nothing
   - Strongly agree
   - Agree
   - Slightly agree
   - Neither agree or disagree
   - Slightly disagree
   - Disagree
   - Strongly disagree

Stress[2]:

9) In the last month, how often have you been upset because of something that happened unexpectedly?
   - Never
   - Almost never
   - Sometimes
   - Fairly often
   - Very often

[2] Source: https://www.midss.org/content/perceived-stress-scale-pss

10) In the last month, how often have you felt that you were unable to control the important things in your life?
- Never
- Almost never
- Sometimes
- Fairly often
- Very often

11) In the last month, how often have you felt nervous and stressed?
- Never
- Almost never
- Sometimes
- Fairly often
- Very often

12) In the last month, how often have you felt confident about your ability to handle your personal problems?
- Never
- Almost never
- Sometimes
- Fairly often
- Very often

13) In the last month, how often have you felt that things were going your way?
- Never
- Almost never
- Sometimes
- Fairly often
- Very often

14) In the last month, how often have you found that you could not cope with all the things that you had to do?
- Never
- Almost never
- Sometimes
- Fairly often
- Very often

15) In the last month, how often have you been able to control irritations in your life?
- Never
- Almost never
- Sometimes
- Fairly often
- Very often

16) In the last month, how often have you felt that you were on top of things?
- Never
- Almost never
- Sometimes
- Fairly often
- Very often

17) In the last month, how often have you been angered because of things that happened that were outside of your control?
    - Never
    - Almost never
    - Sometimes
    - Fairly often
    - Very often
18) In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?
    - Never
    - Almost never
    - Sometimes
    - Fairly often
    - Very often

Sleep

19) Select all that apply regarding your sleep
    - I have a hard time falling asleep or staying asleep
    - I have restless sleep
    - I have a tendency to easily doze off or fall asleep during the day
    - I have been told or know that I snore
    - I have no issues with my sleep
20) How many hours of sleep do you get on average each night?
    - 7 hours or more
    - 6 hours
    - 5 hours or less
21) I usually wake up feeling rested.
    - Strongly agree
    - Agree
    - Undecided
    - Disagree
    - Strongly disagree

Nutrition[3]:

22) What is the average number of times per week you dine out including in restaurant, carry out, or food delivery?
    - 4 or more
    - 2 to 3
    - 1 or less/none

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[3]**Source:** Powell, H. S., & Greenberg, D. L. (2019). Screening for unhealthy diet and exercise habits: The electronic health record and a healthier population. Preventive Medicine Reports, 14, 100816. doi:10.1016/j.pmedr.2019.01.020

23) On average, how many 8 oz. glasses of water do you drink each day?
- 6 or more
- 3 to 5
- 1 to 2
- None

24) How often do you consume sugary food/drinks? Examples are dessert, candy or sweetened drinks (juice, sweetened coffee, soda)
- 0-1 days a week
- 2-3 days a week
- 4-5 days a week
- 6-7 days a week

25) How often do you eat 5 or more fruits/vegetable servings a day?
- 0-1 days a week
- 2-3 days a week
- 4-5 days a week
- 6-7 days a week

Physical Activity[4]:

26) How often do you exercise?
- 1-2 days per week
- 3 days per week
- 4-5 days per week
- 6-7 days per week
- I do not regularly exercise

27) On average, how many minutes do you spend doing aerobic exercise weekly (walking, running, biking, and other aerobic activities)?
- Less than 30 minutes per week
- 30-60 minutes per week
- 60-120 minutes per week
- 150+ minutes per week
- I do not regularly exercise

28) On average, how many times a week do you do resistance or strengthening exercises?
- 1 or less days per week
- 2-3 days a week
- 4-5 days a week
- 6-7 days a week

29) How many days a week do you do stretching exercises?
- 1-2 days per week
- 3 days per week
- 4-5 days per week
- 6-7 days per week
- I do not typically do any stretching exercises

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[4] Source:
********reader.elsevier.com/reader/sd/pii/S2211335519300117?token=3AEFF6B76C75DF36D3F0869C8D64DA81A8BB71C957F18B16826FACFC7FE4AF01FA9EDA1433F410B09B1B291D882AAB28

Tobacco use:

30) Please indicate the statement that fits your current use of tobacco (cigarettes, ecigarettes/vaping, smokeless tobacco, cigars, pipes, light cigarettes)?
- I currently use tobacco
- I currently use tobacco, only under certain circumstances like social occasions
- I quit using tobacco less than 6 months ago
- I quit using tobacco more than 12 months ago
- I have never used tobacco products

31) If you currently use tobacco, on average; how many cigarettes, cigars, etc. per day?

32) If you use tobacco, how long have you been using tobacco? _____ (in years)

Risk Behavior:

33) How often do you wear a seat belt in a motor vehicle?
- Always
- Sometimes
- Rarely or never

34) How often do you wear a helmet when necessary, such as; riding a motorcycle, bicycle, or recreation vehicle or while participating in high-impact sports?
- Always
- Sometimes
- Rarely or never

35) Do you have a smoke detector in your home?
- Yes
- No

36) Do you have a carbon monoxide detector in your home?
- Yes
- No

37) How often do you protect your skin from sun exposure when outside (for example, sunscreen with a SPF 15 or higher and/or protective clothing)?
- All of the time
- Most of the time
- Some of the time
- Rarely or never

38) How often do you have a drink containing alcohol?
- Never (if never, skip to question 40)
- Monthly or less
- 2-4 times a month
- 2-3 times a week
- 4 or more times a week

39) How many drinks containing alcohol do you have on a typical day when you are drinking?
- 1 or 2
- 3 or 4
- 5 or 6
- 7,8, or 9
- 10+

40) In the past year, how often have you used an illegal drug or a prescription drug for a non-medical reason?
- Never
- A few times
- Monthly
- Weekly
- Daily

Readiness to Change:

41) Select the statement that best fits your readiness to improve your overall health:
- No current interest in making a change
- Thinking about making a change
- Planning a change in the next 6 months
- Recently started this change
- I have been doing this for 6+ months

42) If there was one thing you could work on to improve the way you feel and function what would you choose

Financial Wellness[5]:
How well does each statement describe your situation

43) I could handle a major unexpected expense
- Completely
- Very well
- Somewhat
- Very little
- Not at all

44) I am securing my financial future
- Completely
- Very well
- Somewhat
- Very little
- Not at all

45) I have money left over at the end of the month
- Completely
- Very well
- Somewhat
- Very little
- Not at all

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[5] Find out your financial well-being. (n.d.). Retrieved November 06, 2020, from **********.consumerfinance.gov/consumer-tools/financial-well-being/

Social Determinants of Health:

46) I have a close friend, family member or support system I can talk to about important issues
- Strongly agree
- Agree
- Undecided
- Disagree
- Strongly disagree

47) How often do you feel lonely?
- Always
- Often
- Sometimes
- Rarely
- Never

48) During the past year, have you worried about the following? Check all that apply.
- Stable housing
- Reliable transportation
- Money/finances
- Access to food
- Ability to afford medication
- Other (please explain):
- None of these worries apply to me