UNIVERSITY OF MICHIGAN HEALTH MANAGEMENT RESEARCH CENTER

HEALTH RISK APPRAISAL

NAME

ADDRESS

CITY STATE ZIP

MARKING INSTRUCTIONS

- DO NOT FOLD.
- USE NO 2 PENCIL ONLY.

Complete each question as best you can, by marking the best response. Your participation in this questionnaire is voluntary. However, to receive the most benefit from your report, please answer all questions.

Your results will be kept strictly confidential.

1 SOCIAL SECURITY #

– –

2 SEX

- Male
- Female

3 AGE (At last birthday)

years old

4 Are you pregnant?

- Yes
- No
- Does Not Apply

If Yes, answer questionnaire with pre-pregnancy information.

5 HEIGHT (without shoes)

feet inches

6 WEIGHT (without shoes)

pounds

7 What is your blood pressure now?

Systolic (high number)

Diastolic (low number)

- I'm not sure

8 What is your total cholesterol level? (based on a blood test)

mg/dl

- I'm not sure

9 What is your HDL cholesterol level? (based on a blood test)

mg/dl

- Good/ normal
- Bad
- I'm not sure

PLEASE DO NOT WRITE IN THIS AREA

Turn the page.

10 CIGARETTE SMOKING

How would you describe your cigarette smoking habits?

- ⬭ Still smoke ➲ Go to question 11
- ⬭ Used to smoke ➲ Go to question 12
- ⬭ Never smoked ➲ Go to question 13

11 STILL SMOKE

cigarettes per day

0

(Go to question 13)

12 USED TO SMOKE

Years

How many years has it been since you smoked cigarettes on a fairly regular basis?

What was the average number of cigarettes per day that you smoked in the 2 years before you quit?

- ⬭ less than 9
- ⬭ 10-15
- ⬭ 16-19
- ⬭ 20+

13 Do you smoke or use

pipes?	⬭ Yes	⬭ No
cigars?	⬭ Yes	⬭ No
smokeless tobacco?	⬭ Yes	⬭ No

14

How often do you use drugs or medication (including prescription drugs) which affect your mood or help you to relax?

⬭ Almost every day ⬭ Sometimes ⬭ Rarely or never

15

Drinks

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

16

Times last month

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

17

In the next 12 months how many thousands of miles will you probably drive or ride in each of the following?

A. Car, truck, van or SUV

- ⬭ 1-1,999
- ⬭ 2,000-4,999
- ⬭ 5,000-9,999
- ⬭ 10,000-14,999
- ⬭ 15,000-19,999
- ⬭ 20,000-29,999
- ⬭ 30,000 miles or more
- ⬭ do not drive or ride

B. Motorcycle

- ⬭ 1-999
- ⬭ 1,000-1,999
- ⬭ 2,000-2,999
- ⬭ 3,000-3,999
- ⬭ 4,000-4,999
- ⬭ 5,000 miles or more
- ⬭ do not drive or ride

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

- ⬭ 100%
- ⬭ 90-99%
- ⬭ 80-89%
- ⬭ less than 80%

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

- ⬭ Within 5 mph of the speed limit
- ⬭ 6-10 mph over the limit
- ⬭ More than 10 mph over the limit

20 On a typical day how do you usually travel? (mark only one)

- ⬭ Sub-compact or compact car
- ⬭ Mid-size or full-size car, or minivan
- ⬭ Truck, van, full-size van or SUV
- ⬭ Motorcycle
- ⬭ Other

21 How many servings of food do you eat that are high in fiber, such as whole grain bread, high fiber cereal, fresh fruits or vegetables? (serving size: 1 slice bread, ½ c vegetables, 1 medium fruit, ¾ c cereal)

- ⬭ 5-6 servings a day
- ⬭ 3-4 servings a day
- ⬭ 1-2 servings a day
- ⬭ Rarely / never

22 How many servings of food do you eat that are high in cholesterol or fat such as fatty meat, cheese, fried foods or eggs? (serving size: 3 ½ oz meat, 1 egg, 1 oz/slice cheese)

- ⬭ 5-6 servings a day
- ⬭ 3-4 servings a day
- ⬭ 1-2 servings a day
- ⬭ Rarely / never

23 In the average week, how many times do you engage in physical activity (exercise or work which is hard enough to make you breathe heavily and make your heart beat faster) and is done for at least 20 minutes? Examples include running, brisk walking or heavy labor, e.g. chopping, lifting, digging, etc.

- ⬭ Less than 1 time per week
- ⬭ 1 or 2 times per week
- ⬭ 3 times per week
- ⬭ 4 or more times per week

24 In general, how satisfied are you with your life (include personal and professional aspects)?

- ⬭ Completely satisfied
- ⬭ Mostly satisfied
- ⬭ Partly satisfied
- ⬭ Not satisfied

25 Would you agree you are satisfied with your job?

- ⬭ Agree strongly
- ⬭ Agree
- ⬭ Disagree
- ⬭ Disagree strongly

PLEASE DO NOT WRITE IN THIS AREA

Turn the page.

35

How many hours did you take off from work over the past 2 weeks to take care of sick children, parents or other relatives? (This might include taking children to doctor's appointments, staying home with a sick child or parent or calling doctors or health insurance companies.)

Hours

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

36

Do you have a family history (brother, sister, mother, father, grandparents) of:

High Blood Pressure	Yes	No	I'm not sure
Heart Problems	Yes	No	I'm not sure
Diabetes	Yes	No	I'm not sure
Cancer	Yes	No	I'm not sure
High Cholesterol	Yes	No	I'm not sure

37

Do you have:

	never	in the past	have currently	If have currently: taking medication	If have currently: under medical care
Allergies					
Arthritis					
Asthma					
Back Pain					
Cancer					
Chronic bronchitis/ emphysema					
Chronic pain					
Depression					
Diabetes					
Heart problems					
Heartburn or acid reflux					
High blood pressure					
High cholesterol					
Menopause					
Migraine headaches					
Osteoporosis					
Stroke					
Other condition					

Turn the page.

38 When was the last time you had these preventive services or health screenings?

	less than 1 year	1-2 years ago	2-3 years ago	3-4 years ago	5-6 years ago	7 or more years ago	Never	Don't know
Colon cancer screen	○	○	○	○	○	○	○	○
Rectal exam	○	○	○	○	○	○	○	○
Flu shot	○	○	○	○	○	○	○	○
Tetanus shot	○	○	○	○	○	○	○	○
Blood pressure	○	○	○	○	○	○	○	○
Cholesterol	○	○	○	○	○	○	○	○
For Women Only								
Pap Test	○	○	○	○	○	○	○	○
Mammogram	○	○	○	○	○	○	○	○
Breast exam by Physician or nurse	○	○	○	○	○	○	○	○
For Men Only								
Prostate exam	○	○	○	○	○	○	○	○

39 In the past 12 months, how many times have you:

	0	1-2	3-5	6 or more
Visited a physician's office or clinic	○	○	○	○
Gone to the emergency room	○	○	○	○
Stayed overnight in a hospital	○	○	○	○

WOMEN (Men go to question 45)

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

○ None ○ 2 or more
○ 1 ○ Don't know

41 Have you had a hysterectomy operation?

○ Yes ○ No ○ I'm not sure

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

○ Younger than 12 ○ 13
○ 12 ○ 14 or older

PLEASE DO NOT WRITE IN THIS AREA

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

- ⬭ Younger than 20
- ⬭ 20 to 24
- ⬭ 25 to 29
- ⬭ 30 or older
- ⬭ Does not apply

44 How often do you examine your breasts for lumps?

- ⬭ Monthly
- ⬭ Once every few months
- ⬭ Rarely or never

MEN (Women go to question 46)

45 How often do you examine your testicles for lumps?

- ⬭ Monthly
- ⬭ Once every few months
- ⬭ Rarely or never

46

- ⬭ Single (never married)
- ⬭ Married
- ⬭ Separated
- ⬭ Widowed
- ⬭ Divorced
- ⬭ Other

47

- ⬭ White (non-Hispanic origin)
- ⬭ Asian or Pacific Islander
- ⬭ Black (non-Hispanic origin)
- ⬭ American Indian / Alaskan Native
- ⬭ Hispanic
- ⬭ Other

48

- ⬭ Some high school or less
- ⬭ College graduate
- ⬭ High school graduate
- ⬭ Post graduate or professional degree
- ⬭ Some college

49

- ⬭ less than $35,000
- ⬭ $75,000 - $99,999
- ⬭ $35,000 - $49,999
- ⬭ $100,000 or more
- ⬭ $50,000 - $74,999

Turn the page.

50 **In the next 6 months, are you planning to make any changes to keep yourself healthy or improve your health?**

	Yes	No	Don't Know	Not Needed
Increase physical activity	○	○	○	○
Lose weight	○	○	○	○
Reduce alcohol use	○	○	○	○
Quit or cut down smoking	○	○	○	○
Reduce fat / cholesterol intake	○	○	○	○
Lower blood pressure	○	○	○	○
Lower cholesterol level	○	○	○	○
Cope better with stress	○	○	○	○

51 **In the next 6 months, would you participate in a program that would help you to enhance your overall health?**

○ Yes ○ No ○ I'm not sure

52 **If available, would you like follow-up information and other services to enhance your health?** (If you answer yes, your information may be used only by approved vendors to enhance your health through personal contact or written information.)

○ Yes ○ No

Your privacy comes first! Your name and identification number are required to confirm your eligibility to take advantage of this Health Risk Appraisal (HRA). Beyond this purpose, your information is considered anonymous. Your data are held in confidence by the University of Michigan Health Management Research Center and are used in an aggregate, anonymous form for reporting and scientific research.

THANK YOU FOR YOUR PARTICIPATION.

PLEASE DO NOT WRITE IN THIS AREA