

Health Risk Assessment

Name: _____

TOBACCO USE:

Describe your tobacco use:

___ Never used tobacco ___ Used to smoke or chew ___ Still smoke or chew

NUTRITION:

How many servings of fruit do you eat each day? _____

How many servings of vegetables do you eat each day? _____

How many servings of meats like sausage, steak, roasts, or deep fried foods do you eat each day? _____

How many servings of rich breads (doughnuts, croissants) and chips do you eat each day? _____

How many servings of desserts (ice cream, cookies, pies, cakes) do you eat each day? _____

ALCOHOL:

How many drinks of alcoholic beverages do you have in a typical week? _____

FITNESS:

How many days per week do you exercise? _____

How many minutes do you spend each time you exercise? _____

WELLBEING & STRESS:

How long do you typically sleep on average?

___ Less than 7 hrs/night most nights ___ 7+ hrs/night most nights

How would you describe the quality of your sleep?

___ Low quality sleep most nights ___ Fairly good quality sleep most nights

In general, how satisfied are you with your life?

___ Mostly satisfied ___ Partly satisfied ___ Not Satisfied

How well do you think you are managing the stress in your life?

___ Very well ___ Somewhat well ___ Poorly