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