Health Risk Assessment (HRA)

Visit Date: __ __ /__ __ / __ __ __ __

Patient Name: ______________________________

Date of Birth: __ __ /__ __ /__ __ __ __

Patient Label

#	Health Status Risk-Assessment				
1	How does your health compare to most people your age?	Great ☐	Good ☐	Fair ☐	Poor ☐
2	I understand my health problems and how to treat them.		Yes ☐	No ☐	Not sure ☐
3	I understand how to take my medications and what my medications do.		Yes ☐	No ☐	Not sure ☐
4	As they age, many people develop leakage of urine, known as urinary incontinence. In the last 6 months, have you experienced urinary incontinence?		Yes ☐	No ☐	
5	Has urinary incontinence interfered with your sleep, or your daily activitie:		Yes ☐	No ☐	

#	Psychosocial Risk (Stress, Loneliness/Social Isolation, Anger, Pain, Fatigue, Life Satisfaction, Depression)					
6	Do you feel stress - tense, restless, nervous, or anxious, or unable to sleep at night because your mind is troubled all the time - these days?	Not at all ☐	Only a little ☐	To some extent ☐	Rather much ☐	Very much ☐
7	In a typical week, how many times do you talk on the phone with family, friends, or neighbors?	Never ☐	Once a week ☐	Twice a week ☐	Three times a week ☐	More than three times a week ☐
8	Do you belong to any clubs or organizations such as church groups, unions, fraternal or athletic groups, or school groups?				Yes ☐	No ☐
9	In the past 2 weeks, have you felt more anger than usual?				Yes ☐	No ☐
10	In the past 2 weeks, have you had more pain than usual?				Yes ☐	No ☐
11	In the past 2 weeks, have you had more fatigue than usual?				Yes ☐	No ☐
12	In general, how satisfied are you with your life?		Very satisfied ☐	Satisfied ☐	Dissatisfied ☐	Very Dissatisfied ☐
13	Over the past 2 weeks, how often have you been bothered by any of the following problems?					
14	Little interest or pleasure in doing things		Not at all ☐	Several days ☐	More than half the days ☐	Nearly every day ☐
15	Feeling down, depressed, or hopeless		Not at all ☐	Several days ☐	More than half the days ☐	Nearly every day ☐
16	Trouble falling or staying asleep, or sleeping too much		Not at all ☐	Several days ☐	More than half the days ☐	Nearly every day ☐
17	Feeling tired or having little energy		Not at all ☐	Several days ☐	More than half the days ☐	Nearly every day ☐
18	Poor appetite or overeating		Not at all ☐	Several days ☐	More than half the days ☐	Nearly every day ☐
19	Feeling bad about yourself - or that you are a failure or have let yourself or your family down		Not at all ☐	Several days ☐	More than half the days ☐	Nearly every day ☐
20	Trouble concentrating on things, such as reading the newspaper or watching television		Not at all ☐	Several days ☐	More than half the days ☐	Nearly every day ☐
21	Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual.		Not at all ☐	Several days ☐	More than half the days ☐	Nearly every day ☐
22	Thoughts that you would be better off dead or hurting yourself in some way		Not at all ☐	Several days ☐	More than half the days ☐	Nearly every day ☐

#	Behavioral Risk (Hearing, Oral Health, Motor Vehicle Safety, Home Safety, Falls, Nutrition, Alcohol Consumption, Sexual Health, Physical Activity, Tobacco)		
21	Are you deaf or do you have serious trouble hearing?	Yes ☐	No ☐
22	Have you seen a dentist in the past year?	Yes ☐	No ☐
23	Do you always fasten your seat belt when you are in a car?	Yes ☐	No ☐

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#	Question					
24	Do you think your diet is unhealthy?				Yes ☐	No ☐
25	Do you feel safe at home?				Yes ☐	No ☐
26	Do you feel safe in all your relationships?				Yes ☐	No ☐
27	Have you fallen in the last 12 months?				Yes ☐	No ☐
28	Do you use any assistive devices?				Yes ☐	No ☐
29	Do you need assistance with ambulating?				Yes ☐	No ☐
30	How often do you have a drink containing alcohol?	Never ☐	Monthly or ☐	2-4 times a ☐	2-3 times a week ☐	4 or more times a ☐
31	How many drinks containing alcohol do you have on a typical day when you are drinking? I do not drink ☐	1 or 2 ☐	3 or 4 ☐	5 or 6 ☐	7 or 9 ☐	10 or more ☐
32	How many sexual partners have you had in the past year?			zero ☐	one ☐	two or more ☐
33	On average, how many days per week do you engage in moderate to strenuous exercise (like a brisk walk)? *Please circle the number of days.*	0 1 2 3 4 5 6 7				
34	On average, how many minutes per day do you engage in exercise at this level? *Please circle the number of minutes.*	0 10 20 30 40 50 60 70 80 90 100 110 120 130 140 150+				
35	Tobacco Use			Never ☐	Former ☐	Yes ☐

Activities of Daily Living/Instrumental Activities of Daily Living

#	Activity				
36	Dressing	Independent ☐	Needs Assistance ☐	Dependent ☐	Unable to Assess ☐
37	Grooming	Independent ☐	Needs Assistance ☐	Dependent ☐	Unable to Assess ☐
38	Feeding	Independent ☐	Needs Assistance ☐	Dependent ☐	Unable to Assess ☐
39	Bathing	Independent ☐	Needs Assistance ☐	Dependent ☐	Unable to Assess ☐
40	Toileting	Independent ☐	Needs Assistance ☐	Dependent ☐	Unable to Assess ☐
41	Walks in Home	Independent ☐	Needs Assistance ☐	Dependent ☐	Unable to Assess ☐
42	Ability to Use Telephone	Operates telephone on own initiative, looks up and dials numbers, etc. ☐ Dials a few well-known numbers ☐ Answers telephone, but does not dial ☐ Does not use telephone at all ☐			
43	Shopping	Takes care of all shopping needs independently ☐ Shops independently for small purchases ☐ Needs to be accompanited on any shopping trip ☐ Completely unable to shop ☐			

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#	Item	Options
44	Food preparation	Plans, prepares, and serves adequate independently ☐ Prepares adequate meals if supplied with ingredients ☐ Heats and serves prepared meals, or prepares meals, or prepares meals but does not maintain adequate diet ☐ Needs to have meals prepared and served ☐
45	Housekeeping	Maintains house alone with occasion assistance (e.g. "heavy work domestic help") ☐ Performs light daily tasks such as dishwashing, bed making ☐ Performs light daily taks, but cannot maintain acceptable level of cleanliness ☐ Needs help with all home maintenance tasks ☐ Does not participate in any housekeeping tasks ☐
46	Laundry	Does personal laundry completely ☐ Launders small items, rinses socks, stockings, etc. ☐ All laundry must be done by others ☐
47	Mode of Transportation	Travels independently on public transportation or drives own car ☐ Arranges own travel via taxi, but does not otherwise use public transportation ☐ Travels on public transportation when assisted or accompanied by another ☐ Travel limited to taxi or automobile with assistance of another ☐ Does not travel at all ☐
48	Responsibility for Own Medications	Is responsible for taking medication in correct dosages at correct time ☐ Takes responsibility if medication is prepared in advance in separate dosage ☐ Is not capable of dispensing own medications ☐
49	Ability to Handle Finances	Manages financial matters independently (budgets, writes checks, pays rent, bills, goes to bank), collects and keeps track of income ☐ Manges day-to-day purchases, but needs help with banking, major purchases, etc. ☐ Incapable of handling money ☐