CORNERSTONE

Name: _____ Date: _____ Date of Birth: _____

Health Risk Assessment (HRA)

Please complete this checklist before seeing your doctor or nurse. Your answers will help you receive the best health care possible.

1. During the past 4 weeks, how much have you been bothered by emotional problems such as feeling anxious, depressed, irritable, sad or downhearted and blue?
   - ☐ Not at all
   - ☐ Slightly
   - ☐ Moderately
   - ☐ Quite a bit
   - ☐ Extremely

2. During the past 4 weeks, has your physical and emotional health limited your social activities with family, friends, neighbors or groups?
   - ☐ Not at all
   - ☐ Slightly
   - ☐ Moderately
   - ☐ Quite a bit
   - ☐ Extremely

3. Have you ever been treated for depression?
   - ☐ Yes
   - ☐ No

4. During the past 4 weeks, how much bodily pain have you generally had?
   - ☐ No pain
   - ☐ Very mild pain
   - ☐ Mild pain
   - ☐ Moderate pain
   - ☐ Severe pain

5. During the past 4 weeks, was someone available to help you if you needed and wanted help? For example, if you felt very nervous, lonely or blue, got sick and had to stay in bed, needed someone to talk to, needed help with daily chores, or needed help just taking care of yourself.
   - ☐ Yes, as much as I wanted
   - ☐ Yes, quite a bit
   - ☐ Yes, some
   - ☐ Yes, a little
   - ☐ No, not at all

6. During the past 4 weeks, what was the hardest physical activity you could do for at least 2 minutes?
   - ☐ Very heavy
   - ☐ Heavy
   - ☐ Moderate
   - ☐ Light
   - ☐ Very light

	Yes	No
7. Can you get places out of walking distance without help? For example, can you travel alone by bus, taxi, or drive your own car?	☐	☐
8. Can you shop for groceries or clothes without help?	☐	☐
9. Can you prepare your own meals?	☐	☐
10. Can you do your own housework without help?	☐	☐
11. Can you handle your own money without help?	☐	☐
12. Do you need help eating, bathing, dressing, or getting around your home?	☐	☐

13. During the past 4 weeks, how would you rate your health in general?
   - ☐ Excellent
   - ☐ Very good
   - ☐ Good
   - ☐ Fair
   - ☐ Poor

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14. How have things been going for you during the past 4 weeks?
    - ☐ Very well – could hardly be better
    - ☐ Pretty good
    - ☐ Good and bad parts, about equal
    - ☐ Pretty bad
    - ☐ Very bad – could hardly be worse

15. Are you having difficulties driving your car?
    - ☐ Yes, often
    - ☐ Sometimes
    - ☐ No
    - ☐ Not applicable, I do not use a car

16. Do you always fasten your seat belt when you are in a car?
    - ☐ Yes, usually
    - ☐ Yes, sometimes
    - ☐ No

17. How Often during the past 4 weeks have you been bothered by any of the following problems?

	Never	Seldom	Sometimes	Often	Always
Fall or dizzy when standing up	☐	☐	☐	☐	☐
Sexual problems	☐	☐	☐	☐	☐
Trouble eating well	☐	☐	☐	☐	☐
Teeth or dentures	☐	☐	☐	☐	☐
Problems using the telephone	☐	☐	☐	☐	☐
Tired or fatigued	☐	☐	☐	☐	☐

18. Have you fallen 2 or more times in the past year?
    - ☐ Yes
    - ☐ No

19. Are you afraid of falling?
    - ☐ Yes
    - ☐ No

20. How often do you have trouble taking medicines the way you have been told to take them?
    - ☐ I do not have to take medicine
    - ☐ I always take them as prescribed
    - ☐ Sometimes I take them as prescribed
    - ☐ I seldom take them as prescribed

21. How many meals do you eat on an average day? _____

22. How many hours of sleep do you get a day? _____

23. How confident are you that you can control and manage most of your health problems?
    - ☐ Very confident
    - ☐ Somewhat confident
    - ☐ Not very confident
    - ☐ I do not have any health problems

What is your race?

- ☐ White
- ☐ Black/African American
- ☐ Asian
- ☐ Native Hawaiian /Other Pacific Islander
- ☐ American Indian/Alaskan Native
- ☐ Hispanic or Latino origin or descent
- ☐ Other