HEALTH RISK APPRAISAL

n Risk Appraisal is ther serious condital.	USE NO 2 PENCIL ONLY.
ther serious condi	only.
ther serious condi	not itions.
ther serious condi	not itions.
6	
EIGHT W	/EIGHT
(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	pounds 0 (0) (0) 0 (1) (1) 0 (2) (2) 0 (3) (3) 0 (4) (4) (5) (5) (6) (6) (7) (7) (8) (8) (9) (9)
HDL chold level? (b)	esterol ased on
Good/ normal Bad I'm not sure	0 0 0 0 1 1 1 2 2 3 3 4 4
4 5	HEIGHT (without shoes) Seet inches (D)

CIGARETTE SMOKING

How would you describe your cigarette smoking habits?

cigarette smoking habits?

Still smoke

Go to question 11

Used to smokeGo to question 12Never smokedGo to question 13

1)____(1:

99

cigarettes per day 0 0 0 (Go to question 13) 6 6 7 7 8 8 8

USED TO SMOKE What was the **Years** average number ന ന How many of cigarettes per years has it day that you 2 2 been since smoked in the 3 3 vou smoked 2 years before 40 (40 cigarettes you quit? **5 5** on a fairly 66 less than 9 regular $\mathbf{7}$ \bigcirc 10-15 basis? 16-19 8 8 99 20+

13

Do you smoke or use

 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

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)

 \mathbf{T}

88

99

Drinks

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?

00

22

3 3

4) **4**)

5 5

6 6

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

- less than 2,000 miles
- 2-5,000 miles
- 6-10,000 miles
- 11-15,000 miles
- 16-20,000 miles
- 21-30,000 miles
- o more than 30,000 miles
- does not apply

B. Motorcycle

- less than 1,000 miles
- 1,000 miles
- 2,000 miles
- 3,000 miles
- 4,000 miles
- o more than 4,000 miles
- does not apply

) v		uckle your safety belt when driving or riding?
	100%90-99%	80-89%less than 80%
	On the average, how close to the speed li	mit do you usually drive?
	 Within 5 mph of the speed limit 6-10 mph over the limit More than 10 mph over the limit 	
) (On a typical day how do you usually trave	
	Sub-compact or compact carMid-size or full-size car, or minive	
h	low many servings of food do you eat tho ligh fiber cereal, fresh fruits or vegetables	at are high in fiber, such as whole grain bread,
	madium fruit 3/. a caracil	r (serving size. I slice bread, 1/2 C vegetables,
1	medium fruit, ¾ c cereal) 5-6 servings a day	
1	medium fruit, ¾ c cereal) 5-6 servings a day 3-4 servings a day	 (serving size: 1 slice bread, ½ c vegetables, 1-2 servings a day Rarely / never
1	5-6 servings a day	1-2 servings a day
) н	5-6 servings a day3-4 servings a day How many servings of food do you eat the	1-2 servings a day
) н	5-6 servings a day3-4 servings a day How many servings of food do you eat the	 1-2 servings a day Rarely / never at are high in cholesterol or fat such as fatty
) н	 5-6 servings a day 3-4 servings a day How many servings of food do you eat the neat, cheese, fried foods or eggs? (servings a day)	 1-2 servings a day Rarely / never at are high in cholesterol or fat such as fatty g size: 3 ½ oz meat, 1 egg, 1 oz/slice cheese) 1-2 servings a day
P H	 5-6 servings a day 3-4 servings a day How many servings of food do you eat the neat, cheese, fried foods or eggs? (servings a day 3-4 servings a day 3-4 servings a day 	 1-2 servings a day Rarely / never Int are high in cholesterol or fat such as fatty ag size: 3 ½ oz meat, 1 egg, 1 oz/slice cheese) 1-2 servings a day Rarely / never
B III	5-6 servings a day 3-4 servings a day Now many servings of food do you eat the neat, cheese, fried foods or eggs? (servings a day 5-6 servings a day 3-4 servings a day at the average week, how many times do which is hard enough to make you breath done for at least 20 minutes? Examples income	 1-2 servings a day Rarely / never Interpretation of the such as fatty and the size of the size
B III	5-6 servings a day 3-4 servings a day low many servings of food do you eat the neat, cheese, fried foods or eggs? (servin 5-6 servings a day 3-4 servings a day n the average week, how many times do which is hard enough to make you breath	 1-2 servings a day Rarely / never Int are high in cholesterol or fat such as fatty Interpretation in graph Inte

Would you agree you are satisfied with your job? Agree strongly Disagree Agree Disagree strongly In general, how strong are your social fies with your family and/or friends? Very strong Weaker than average About average Not sure Considering your age, how would you describe your overall physical health? Excellent Good Poor Very Good Fair How many hours of sleep do you usually get at night? A hours or less 8 hours 7 hours 9 hours or more Have you suffered a personal loss or misfortune in the past year? (For example: a job loss, disability, divorce, separation, jail term, or the death of someone close to you) Yes, two or more serious losses Yes, one serious loss No How often do you feel tense, anxious, or depressed? Often Rarely Sometimes Never During the past year, how much effect has stress had on your health? Hardly any None		Completely satisfiedMostly satisfied	d O Partly satisfied O Not satisfied
Agree strongly Disagree Disagree Disagree Disagree strongly	Would	you agree you are satisf	sfied with your job?
In general, how strong are your social ties with your family and/or friends? Very strong About average Not sure Considering your age, how would you describe your overall physical health? Excellent Oeood Fair How many hours of sleep do you usually get at night? Oe hours or less Oe hours or less Oe hours or more Have you suffered a personal loss or misfortune in the past year? (For example: a job loss, disability, divorce, separation, jail term, or the death of someone close to you) Yes, two or more serious losses Yes, one serious loss No How often do you feel tense, anxious, or depressed? Often Often Rarely Sometimes Hover During the past year, how much effect has stress had on your health? Hardly any None			
Very strong		Agree	Disagree strongly
Considering your age, how would you describe your overall physical health? Excellent	In ger	eral, how strong are you	ur social ties with your family and/or friends?
Considering your age, how would you describe your overall physical health? Excellent			
Excellent		About average	O NOT sure
Excellent	Consi	dering vour age. how wo	ould you describe your overall physical health?
How many hours of sleep do you usually get at night?		~ .	
O 6 hours or less O 8 hours or more Have you suffered a personal loss or misfortune in the past year? (For example: a job loss, disability, divorce, separation, jail term, or the death of someone close to you) Yes, two or more serious losses Yes, one serious loss No How often do you feel tense, anxious, or depressed? Often Rarely Sometimes Never During the past year, how much effect has stress had on your health? A lot Some Hardly any None In the past year, how many days of work have you missed due to personal illness?		Very Good	Fair
loss, disability, divorce, separation, jail term, or the death of someone close to you) Yes, two or more serious losses Yes, one serious loss No How often do you feel tense, anxious, or depressed? Often Rarely Sometimes Never During the past year, how much effect has stress had on your health? A lot Some Hardly any None In the past year, how many days of work have you missed due to personal illness?		○ 7 hours	9 hours or more
loss, disability, divorce, separation, jail term, or the death of someone close to you) Yes, two or more serious losses Yes, one serious loss No How often do you feel tense, anxious, or depressed? Often Rarely Sometimes Never During the past year, how much effect has stress had on your health? A lot Some Hardly any None In the past year, how many days of work have you missed due to personal illness?	Цаур	vou sufforod a porsonal k	loss or misfortune in the past year? (For example: a job
How often do you feel tense, anxious, or depressed? Often Rarely Sometimes Never During the past year, how much effect has stress had on your health? A lot Some Hardly any None In the past year, how many days of work have you missed due to personal illness?			
Often		Yes, two or more ser	erious losses — Yes, one serious loss — No
Often			
During the past year, how much effect has stress had on your health? A lot Some Hardly any None In the past year, how many days of work have you missed due to personal illness?	How c		
A lot Some Hardly any None In the past year, how many days of work have you missed due to personal illness?			·
A lot Some Hardly any None In the past year, how many days of work have you missed due to personal illness?			
In the past year, how many days of work have you missed due to personal illness?		the past year, how muc	ch effect has stress had on your health?
	During		
	During		SomeHardly anyNone
○ 0 ○ 3-5 days ○ 11-15 days	During		Some Hardly any None
\bigcirc 1-2 days \bigcirc 6.10 days \bigcirc 16 days or more		A lot past year, how many day	ays of work have you missed due to personal illness?
		A lot past year, how many day	ays of work have you missed due to personal illness?

PLEASE DO NOT WRITE IN THIS AREA

were working?		O	- 4 41 41		م الله	ممالا مالا ا		
no healthnone of th		some ofmost c			all of	The time	е	
								Hours
How many hours did	you take	off from wo	k over th	ne pa	st 2 week	s to		
take care of sick chil								
taking children to do						k child		
or parent or calling d	octors or h	nealth insur	ance co	mpar	nies.)			
Heart Problems		(Yes		No	\cup	I'm not sure
Heart Problems Diabetes Cancer		ə	0	Yes Yes	0	No No	0 0	I'm not sure I'm not sure
Diabetes		-	0	Yes Yes	0	No	0 0	I'm not sure
Diabetes Cancer		ə	0	Yes Yes	0	No No No	0 0 0	I'm not sure I'm not sure
Diabetes Cancer		ə	0	Yes Yes Yes	0	No No No	0 0 0	I'm not sure I'm not sure I'm not sure
Diabetes Cancer High Cholesterol Do you have: Allergies	ə	never	in the past	Yes Yes Yes	have	No No No	If have	l'm not sure l'm not sure l'm not sure currently under medical car
Diabetes Cancer High Cholesterol Do you have: Allergies Arthritis	=	never	in the past	Yes Yes Yes	have currently	No No No	If have	l'm not sure l'm not sure l'm not sure currently under medical car
Diabetes Cancer High Cholesterol Do you have: Allergies Arthritis Asthma		never	in the past	Yes Yes Yes	have currently	No No No	If have	l'm not sure l'm not sure l'm not sure currently under medical car
Diabetes Cancer High Cholesterol Do you have: Allergies Arthritis Asthma Back Pain	0 0 0	never	in the past	Yes Yes Yes	have currently	No No No	If have string cation	l'm not sure l'm not sure l'm not sure currently under medical car
Diabetes Cancer High Cholesterol Do you have: Allergies Arthritis Asthma Back Pain Cancer	=	never	in the past	Yes Yes Yes	have currently	No No No	If have	l'm not sure l'm not sure l'm not sure currently under medical car
Diabetes Cancer High Cholesterol Do you have: Allergies Arthritis Asthma Back Pain Cancer Chronic bronchitis/	0 0 0 0	never	in the past	Yes Yes Yes	have currently	No No No	If have	l'm not sure l'm not sure l'm not sure l'm not sure currently under medical car
Diabetes Cancer High Cholesterol Do you have: Allergies Arthritis Asthma Back Pain Cancer Chronic bronchitis/ emphysema	00000	never	in the past	Yes Yes Yes	have currently	No No No	If have string cation	l'm not sure l'm not sure l'm not sure currently under medical car
Diabetes Cancer High Cholesterol Do you have: Allergies Arthritis Asthma Back Pain Cancer Chronic bronchitis/ emphysema Chronic pain	0000 00	never	in the past	Yes Yes Yes	have currently	No No No	If have	l'm not sure l'm not sure l'm not sure l'm not sure currently under medical car
Diabetes Cancer High Cholesterol Do you have: Allergies Arthritis Asthma Back Pain Cancer Chronic bronchitis/ emphysema	00000	never	in the past	Yes Yes Yes	have currently	tak media	If have	l'm not sure l'm not sure l'm not sure l'm not sure currently under medical car
Diabetes Cancer High Cholesterol Do you have: Allergies Arthritis Asthma Back Pain Cancer Chronic bronchitis/ emphysema Chronic pain Depression Diabetes Heart problems	0000 000	never	in the past	Yes Yes Yes	have currently	tak media	If have	l'm not sure l'm not sure l'm not sure l'm not sure currently under medical car
Diabetes Cancer High Cholesterol Do you have: Allergies Arthritis Asthma Back Pain Cancer Chronic bronchitis/ emphysema Chronic pain Depression Diabetes Heart problems Heartburn or acid reflux	0000 00000	never	in the past	Yes Yes Yes	have currently	tak media	If have	l'm not sure currently under medical car
Diabetes Cancer High Cholesterol Do you have: Allergies Arthritis Asthma Back Pain Cancer Chronic bronchitis/ emphysema Chronic pain Depression Diabetes Heart problems Heartburn or acid reflux High blood pressure	0000 0000000	never 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	in the past	Yes Yes Yes	have currently	tak media	If have cation	l'm not sure l'm not sure l'm not sure l'm not sure currently under medical car
Diabetes Cancer High Cholesterol Do you have: Allergies Arthritis Asthma Back Pain Cancer Chronic bronchitis/ emphysema Chronic pain Depression Diabetes Heart problems Heartburn or acid reflux High blood pressure High cholesterol	0000 00000000	never	in the past	Yes Yes Yes	have currently	tak media	If have	l'm not sure l'm not sure l'm not sure l'm not sure currently under medical car
Diabetes Cancer High Cholesterol Do you have: 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	0000 00000000	never	in the past	Yes Yes Yes	have currently	tak media	If have	l'm not sure l'm not sure l'm not sure l'm not sure currently under medical car
Diabetes Cancer High Cholesterol Do you have: Allergies Arthritis Asthma Back Pain Cancer Chronic bronchitis/ emphysema Chronic pain Depression Diabetes Heart problems Heartburn or acid reflux High blood pressure High cholesterol	0000 00000000	never	in the past	Yes Yes Yes	have currently	tak media	If have	l'm not sure l'm not sure l'm not sure l'm not sure currently under medical car

Other condition

		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	Do kr
Colon cancer screen	-	0	0	0	0	0	0	0	(
Rectal exam	-	0	0	0		0	0	0	(
Flu shot	-	0	0	0	0	0	0	0	(
Tetanus shot	-	0	0	0	0		0	0	
Blood pressure	•	<u> </u>	<u> </u>	<u> </u>	<u> </u>	0	0	<u> </u>	
Cholesterol	-	0	0	0		0	0	0	
or Women Only									
Pap Test	\Rightarrow								
Mammogram	-		0				0		
Breast exam by									
Physician or nurse	\Rightarrow								
or Men Only									
Prostate exam	-	0	0			0	0	0	
Used a 1-800 nun Used a self-care l	nber bool	(ical advice	-	0 0	0)	
Used a 1-800 nun	nber book h alt	for med cernative	medicine)	0	0	C)	
Used a 1-800 nun Used a self-care l Been treated with	nber book h alt	for med (ernative) QUES	medicine	oother and	0	0	C)	
Used a 1-800 nun Used a self-care Been treated with MEN (Men go How many women in None	nber book h alt	for med cernative of QUES ur natura	medicine stion 44 Il family (m 2 or mo Don't kr	oother and	sisters only	0	C)	

<u> </u>	t child was born? 25 to 29 Does not apply 30 or older
How often do you examine your	breasts for lumps? Ince every few months Rarely or never
	,
N (Women go to que	stion 45)
How often do you examine your Monthly C	restrictes for tumps? Ince every few months Rarely or never
Single (never married)	Married
Separated	Widowed
Divorced	Other
	On lei
White (non-Hispanic origin)	Asian or Pacific Islander
Black (non-Hispanic origin)	American Indian / Alaskan Native
Hispanic	Other
Some high school or less	College graduate
High school graduate	Post graduate or professional degree
Some college	- 1 031 graduate of professional degree
— Joine College	
less than \$35,000	\$75,000 - \$99,999
\$35,000 - \$49,999	\$100,000 or more

0
7

In the next 6 months, are you planning to make any changes to keep yourself healthy or improve your health? Don't Not Yes No Know Needed Increase physical activity Lose weight Reduce alcohol use \bigcirc \bigcirc \bigcirc Quit or cut down smoking \bigcirc Reduce fat / cholesterol intake Lower blood pressure Lower cholesterol level \bigcirc \bigcirc \bigcirc \bigcirc Cope better with stress

50			
31	In the next 6 mor		ou participate in a program that would help you to enhance
	○ Yes	○ No	○ I'm not sure

	1			
5			-	low-up information and other services? — I'm not sure
		<u> </u>	<u> </u>	- minor sale

THANK YOU FOR YOUR PARTICIPATION.

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