

Health Risk Assessment Form

Name:

DOB:

1. Do you smoke? (Social Hx) Never Former Current

2. Do you drink alcohol? (Social Hx) No Yes

3. In the past year, have you used street drugs or medications not prescribed to you? (Social Hx) No Yes

4. Have you had 2 or more falls in the past year? (Fall Risk) No Yes

5. Have you had a fall with injury in the past year? (Fall Risk) No Yes

6. Do you have difficulty with walking or balance? (Fall Risk) No Yes

7. In the past 2 weeks, how often have you felt little interest or pleasure in doing things? (PHQ9) Not at all Several days More than half the time Nearly every day

8. In the past 2 weeks, how often have you felt down, depressed or hopeless? (PHQ9) Not at all Several days More than half the time Nearly every day

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9. Do you have serious difficulty hearing? (HRA) No Yes

10. Have you noticed any changes in your memory lately? (HRA) No Yes

11. In the past 2 weeks, how often have you felt nervous, anxious or on edge? (HRA) Almost never Some of the time Most of the time Almost all of the time

12. In the past 2 weeks, how often were you not able to stop worrying or control your worrying? (HRA) Almost never Some of the time Most of the time Almost all of the time

13. In general, would you say your health is... (HRA) Excellent Good Fair Poor

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14. How many days of a week do you do physical activity such as walking, swimming, yoga, etc.? (HRA) _____ Days a week
Of those days, how many minutes are you usually active? _____ Minutes

15. Do you worry whether your food will run out before you have money to buy more? (HRA) No Yes

16. How often do you feel lonely or isolated from those around you? (HRA) Rarely Sometimes Often Always

17. In the past 7 days, did you need help from others to perform everyday activities such as eating, getting dressed, grooming, bathing, walking, or using the toilet? (HRA) No Yes

18. In the past 7 days, did you need help from others to take care of such things like laundry, housekeeping, banking, shopping, using the telephone, food preparation, transportation or taking your own medicine? (HRA) No Yes