

Health Risk Assessment Questionnaire

In general, how would you rate your health?

Excellent Very good Good Fair Poor Unknown

Do you have a doctor or health care provider?

Yes No Unknown

Have you seen your doctor or health care provider in the last 12 months?

Yes No Unknown

Did you complete your annual wellness visit with your provider in the last 12 months?

Yes No Unknown

Do you ever have any problems with transportation to your medical appointments?

None One time Two times Three or more times Unknown

How many times have you been to the emergency department in the last 3 months?

None One time Two times Three or more times Unknown

How many medications are you currently taking that were prescribed by your doctor or health care provider?

0 prescriptions	4-7 prescriptions	Prescriptions unknown
1-3 prescriptions	Greater than or equal to 8 prescriptions	

Do you have any difficulties taking your medications as prescribed or taking them regularly?

Yes No Unknown

Have you ever been told by a doctor or health care provider that you have any of these conditions?

Arthritis	Diabetes type 2	Osteoporosis
Asthma as an adult	Pre-diabetes	Rheumatoid arthritis
Cancer	Heart failure	Sickle cell disease (not trait)
Chronic kidney disease	Heart disease	Stroke
Chronic pain	Hepatitis	Transplant
COPD/emphysema	High blood pressure	No
Diabetes type 1	High cholesterol	

Do you have any other conditions not listed above?

Yes No Unknown



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During the last month, have you had pain that interfered with completion of housework or your ability to work outside the home?

Yes No Unknown

Do you need help with any of the following daily activities?

Walking Bathing Going to the bathroom
Getting out of a chair Dressing No
Eating

Do you have a caregiver who helps you on a regular basis?

Yes No Unknown

Do you have any assistive devices like a cane or wheelchair?

Yes No Unknown

Do you receive any home health services like nurse visits?

Yes No Unknown

Have you fallen in the past year?

Yes No Unknown

Have you completed a mammogram within the past 2 years? (Only if applicant is female)

Yes No Unknown

Did you get your flu shot within the past year?

Yes No Unknown

Have you completed a colon cancer screening such as a Cologuard kit within the past 3 years, a test kit within the past year, or a colonoscopy within the past 10 years?

Yes No Unknown

Do you receive any health care services at the VA?

Yes No Unknown

What languages do you prefer to speak and receive communication?

Do you have an email address that you could provide us with so we can communicate with you?

Yes No Unknown