Health Risk Assessment Questionnaire

In general, how would you rate your health?

☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor ☐ Unknown

Do you have a primary care doctor or health care provider?

☐ Yes ☐ No ☐ Unknown | Name of doctor/provider: _____

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

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

Do you have any other conditions not listed above?

☐ Yes ☐ No ☐ Unknown

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