University of Michigan Health Management Research Center

Health Risk Appraisal

Name

Address

City State Zip

MARKING INSTRUCTIONS

Please print UPPERCASE letters and numbers clearly: A B C 1 2 3

Correct Mark:

Mark boxes with BLACK pen *ONLY.*

Use black pen ONLY

Complete each question as best you can, by marking the best response. Your participation in this questionnaire is voluntary. However, to receive the most benefit from your report, please answer all questions.

Your results will be kept strictly confidential.

1. **Social Security Number** ☐☐☐-☐☐-☐☐☐☐

2. **Gender** ⬭ Male ⬭ Female

3. **Age** (At last birthday) years old ☐☐

4. **Are you pregnant?** ⬭ Yes ⬭ No ⬭ Does Not Apply
   If Yes, complete questionnaire based on your health condition and lifestyle before pregnancy.

5. **Height** (without shoes) feet ☐ inches ☐☐

6. **Weight** (without shoes) pounds ☐☐☐

7. **Waist Circumference** (in inches) inches ☐☐

8. **What is your blood pressure now?**
   Systolic (high number) ☐☐☐
   Diastolic (low number) ☐☐☐
   I'm not sure ⬭

9. **What is your total cholesterol level?** (based on a blood test)
   mg/dl ☐☐☐ ⬭ I'm not sure

10. **What is your HDL cholesterol level?** (based on a blood test)
    mg/dl ☐☐☐ ⬭ I'm not sure

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SERIAL NUMBER

11 Cigarette Smoking

How would you describe your cigarette smoking habits?

- Still smoke *Go to question 12*
- Used to smoke *Go to question 13*
- Never smoked *Go to question 14*

12 *Still Smoke*

cigarettes per day ☐☐

(Go to question 14)

13 *Used to Smoke*

How many years has it been since you smoked cigarettes on a fairly regular basis? Years ☐☐

What was the average number of cigarettes per day that you smoked in the 2 years before you quit?

- Less than 9
- 16 - 19
- 10 - 15
- 20+

14 OTHER FORMS OF TOBACCO

Do you smoke or use

pipes?
- Yes
- No

cigars?
- Yes
- No

smokeless tobacco?
- Yes
- No

15 **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

16 **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.)**

Drinks ☐☐

17 **How many times in the last month did you drive or ride when the driver had perhaps too much to drink?**

Times last month ☐☐

18 **In the next 12 months how many miles will you probably drive or ride in each of the following?**

A. Car, truck, van or SUV
- 1 - 1,999
- 2,000 - 4,999
- 5,000 - 9,999
- 10,000 - 14,999
- 15,000 - 19,999
- 20,000 - 29,999
- 30,000 miles or more
- Do not drive or ride

B. Motorcycle
- 1 - 999
- 1,000 - 1,999
- 2,000 - 2,999
- 3,000 - 3,999
- 4,000 - 4,999
- 5,000 miles or more
- Do not drive or ride

19 **What percent of the time do you usually buckle your safety belt when driving or riding?**

- 100%
- 90 - 99%
- 80 - 89%
- less than 80%

20 **On the average, how close to the speed limit do you usually drive?**

- Within 5 mph of the speed limit
- 6 - 10 mph over the limit
- More than 10 mph over the limit

21 On a typical day how do you usually travel? (mark only one)

- Sub-compact or compact car
- Mid-size or full-size car, or minivan
- Truck, van, full-size van or SUV
- Motorcycle
- Other

22 Each day, how many servings of food do you eat that are high in fiber, such as whole grain bread, high fiber cereal, fresh fruits or vegetables? (serving size: 1 slice bread, ½ c vegetables, 1 medium fruit, ¾ c cereal)

- 5 - 6 servings a day
- 3 - 4 servings a day
- 1 - 2 servings a day
- Rarely/never

23 Each day, how many servings of food do you eat that are high in cholesterol or fat such as fatty meat, cheese, fried foods or eggs? (serving size: 3 ½ oz meat, 1 egg, 1 oz/slice cheese)

- 5 - 6 servings a day
- 3 - 4 servings a day
- 1 - 2 servings a day
- Rarely/never

24 In the average week, how many times do you engage in physical activity (exercise or work which is hard enough to make you breathe heavily and make your heart beat faster) and is done for at least 20 minutes? Examples include running, brisk walking or heavy labor, e.g., chopping, lifting, digging, etc.

- Less than 1 time per week
- 1 or 2 times per week
- 3 times per week
- 4 or more times per week

25 How many days per week do you get 30 minutes or more (for at least 10 minutes at a time) of light to moderate physical activity? Examples include walking, mowing (push mower), slow cycling.

- None
- 1 day
- 2 days
- 3 or 4 days
- 5 or 6 days
- 7 days

26 How often do you floss your teeth?

- Every day
- Almost every day
- Sometimes
- Rarely or never
- Does not apply

27 When in the sun, do you protect your skin by using a sunscreen at SPF 15 or above and by wearing adequate clothing?

- All of the time
- Most of the time
- Some of the time
- Rarely or never

28 Considering your age, how would you describe your overall physical health?

- Excellent
- Very Good
- Good
- Fair
- Poor

29 How many hours of sleep do you usually get at night?

- 5 hours or less
- 6 hours
- 7 hours
- 8 hours
- 9 hours or more

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30 In general, how satisfied are you with your life (include personal and professional aspects)?

- Completely satisfied
- Mostly satisfied
- Partly satisfied
- Not satisfied

31 In general, how strong are your social ties with your family and/or friends?

- Very strong
- About average
- Weaker than average
- Not sure

32 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

33 How often do you feel tense, anxious, or depressed?

- Often
- Sometimes
- Rarely
- Never

34 During the past year, how much effect has stress had on your health?

- A lot
- Some
- Hardly any
- None

35 Do you have:

	Never	In the past	Have currently	Taking medication	Under medical care
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 (women only)	⬭	⬭	⬭	⬭	⬭
Migraine headaches	⬭	⬭	⬭	⬭	⬭
Osteoporosis	⬭	⬭	⬭	⬭	⬭
Sleep disorder	⬭	⬭	⬭	⬭	⬭
Stroke	⬭	⬭	⬭	⬭	⬭
Thyroid disease	⬭	⬭	⬭	⬭	⬭
Other condition	⬭	⬭	⬭	⬭	⬭

36 When was the last time you had these preventive services or health screenings?

	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	Don't know
Colon cancer screen	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭
Flu shot	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭
Tetanus shot	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭
Blood pressure	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭
Cholesterol	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭
Dental exam	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭
For Women Only								
Pap Test	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭
Mammogram	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭
Breast exam by Physician or nurse	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭
For Men Only								
Prostate exam	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭

37 In the past 12 months, how many times have you:

	0	1 - 2	3 - 5	6 or more
Visited a physician's office or clinic	⬭	⬭	⬭	⬭
Gone to the emergency room	⬭	⬭	⬭	⬭
Stayed overnight in a hospital	⬭	⬭	⬭	⬭

Women (Men go to question 42)

38 Have you had a hysterectomy operation?

⬭ Yes ⬭ No ⬭ I'm not sure

39 At what age did you have your first menstrual period?

⬭ Younger than 12 ⬭ 12 ⬭ 13 ⬭ 14 or older

40 How old were you when your first child was born?

⬭ Younger than 20 ⬭ 20 to 24 ⬭ 25 to 29 ⬭ 30 or older ⬭ Does not apply

41 How often do you examine your breasts for lumps?

⬭ Monthly ⬭ Once every few months ⬭ Rarely or never

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Men (Women go to question 43)

42 **How often do you examine your testicles for lumps?**

- ⬭ Monthly
- ⬭ Once every few months
- ⬭ Rarely or never

43 **Current Marital Status**

- ⬭ Single (never married)
- ⬭ Separated
- ⬭ Divorced
- ⬭ Married
- ⬭ Widowed
- ⬭ Other

44 **Race/Origin**

- ⬭ White (non-Hispanic origin)
- ⬭ Asian or Pacific Islander
- ⬭ Black (non-Hispanic origin)
- ⬭ American Indian / Alaskan Native
- ⬭ Hispanic
- ⬭ Other

45 **Highest level of education you have achieved**

- ⬭ Some high school or less
- ⬭ High school graduate
- ⬭ Some college
- ⬭ College graduate
- ⬭ Post graduate or professional degree

46 **Expected household income this year**

- ⬭ less than $35,000
- ⬭ $35,000 - $49,999
- ⬭ $50,000 - $74,999
- ⬭ $75,000 - $99,999
- ⬭ $100,000 or more

47 **In the next six months, are you planning to make any changes to keep yourself healthy or improve your health?**

	Yes	No	Don't Know	Not Needed
Increase physical activity	⬭	⬭	⬭	⬭
Lose weight	⬭	⬭	⬭	⬭
Reduce alcohol use	⬭	⬭	⬭	⬭
Quit or cut down smoking	⬭	⬭	⬭	⬭
Reduce fat / cholesterol intake	⬭	⬭	⬭	⬭
Lower blood pressure	⬭	⬭	⬭	⬭
Lower cholesterol level	⬭	⬭	⬭	⬭
Cope better with stress	⬭	⬭	⬭	⬭

48 **In the next 6 months, would you participate in a program that would help you to enhance your overall health?**

- Yes
- No
- I'm not sure

49 **If available, would you like follow-up information and other services to enhance your health?** (If you answer yes, your information may be used only by approved vendors to enhance your health through personal contact or written information.)

- Yes
- No

CURRENTLY EMPLOYED ONLY

50 **In the past year, how many days of work have you missed due to personal illness?**

- 0
- 1 - 2 days
- 3 - 5 days
- 6 - 10 days
- 11 - 15 days
- 16 days or more
- Does not apply

51 **Would you agree you are satisfied with your job?**

- Agree strongly
- Agree
- Disagree
- Disagree strongly
- Does not apply

52 **During the past 4 weeks how much did your health problems affect your productivity while you were working?**

- No health problems
- None of the time
- Some of the time
- Most of the time
- All of the time
- Does not apply

53 **How many hours did you take off from work over the past 2 weeks to take care of sick children, adults or elders?** (This might include taking children to doctor's appointments, staying home with a sick child or parent or calling doctors or health insurance companies.)

	0	1-4 hours	5-8 hours	9-16 hours	17 or more hours
Child	○	○	○	○	○
Adult	○	○	○	○	○
Elder	○	○	○	○	○

54 **About how many hours altogether did you work in the past 7 days?** (If more than 97, enter 97.)

Hours ☐☐

55 **How many hours does your employer expect you to work in a typical 7-day week?** (If it varies, estimate the average. If more than 97, enter 97.)

Hours ☐☐

56 Now please think of your work experiences over the past 4 weeks (28 days). In the spaces provided below, write the number of days you spent in each of the following work situations.

In the past 4 weeks (28 days), how many days did you...

a. ...miss an entire work day because of problems with your physical or mental health? (Please include only days missed for your own health, not someone else's health.) Days ☐☐

b. ...miss an entire work day for any other reason (including vacation)? Days ☐☐

c. ...miss part of a work day because of problems with your physical or mental health? (Please include only days missed for your own health, not someone else's health.) Days ☐☐

d. ...miss part of a work day for any other reason (including vacation)? Days ☐☐

e. ...come in early, go home late, or work on your day off? Days ☐☐

57 About how many hours altogether did you work in the past 4 weeks (28 days)? (See example below)

☐☐☐ Hours

Number of hours in the past 4 weeks (28 days)
(Example: 40 hours per week for 4 weeks =160 hours)

58 On a scale from 0 to 10 where 0 is the worst job performance anyone could have at your job and 10 is the performance of a top worker, how would you rate the usual performance of most workers in a job similar to yours?

Worst Performance	0	1	2	3	4	5	6	7	8	9	10	Top Performance
	○	○	○	○	○	○	○	○	○	○	○	

59 Using the same 0-to-10 scale, how would you rate your usual job performance over the past year or two?

Worst Performance	0	1	2	3	4	5	6	7	8	9	10	Top Performance
	○	○	○	○	○	○	○	○	○	○	○	

60 Using the same 0-to-10 scale, how would you rate your overall job performance on the days you worked during the past 4 weeks (28 days)?

Worst Performance	0	1	2	3	4	5	6	7	8	9	10	Top Performance
	○	○	○	○	○	○	○	○	○	○	○	

Your privacy comes first! Your name and identification number are required to confirm your eligibility to take advantage of this Health Risk Appraisal (HRA). Beyond this purpose, your information is considered anonymous. Your data are held in confidence by the University of Michigan Health Management Research Center and are used in an aggregate, anonymous form for reporting and scientific research.

THANK YOU FOR YOUR PARTICIPATION.

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