



Carleton College

LifeStyles Program

Health Risk Assessment

For each section please circle the appropriate answer. A guide to scoring is attached.
Please note: Men's and Women's specific health issues are not addressed here, please consult your personal physician for any concerns in these areas.

Health History

1. In general, would you say your health is:

- | | |
|----------------|---|
| Excellent..... | 1 |
| Very Good..... | 2 |
| Good..... | 3 |
| Fair..... | 4 |
| Poor..... | 5 |

2. Do you have any of these chronic health problems(circle all that apply):

- a. Arthritis
- b. Asthma
- c. Cirrhosis of the liver
- d. Diabetes
- e. Headaches(chronic)
- f. Heart disease (coronary artery disease or angina)
- g. High blood pressure
- h. Lung disease (chronic bronchitis or emphysema)
- i. Osteoporosis
- j. Peptic Ulcer

- | | |
|-------------------------------|---|
| If you circled 2 or less..... | 1 |
| If you circled 3-4..... | 2 |
| If you circled 5-6..... | 3 |
| If you circled 7-8..... | 4 |
| If you circled 9-10..... | 5 |

3. Do you know what steps to take at home to treat these health problems (circle all that are yes)?
- a. Back Pain
 - b. Colds/flu
 - c. Constipation/Diarrhea
 - d. Headaches
 - e. Indigestion
 - f. Rashes
 - g. Sore throats
 - h. Sprains

If you circled 1-2 items.....	4
If you circled 3-4.....	3
If you circled 5-6.....	2
If you circles 7-8.....	1

4. Mark each statement true or false:

- a. When I have a minor illness or injury, I have information at home that I use to decide when it's important to call or visit a health professional.
 - True.....1 False.....2
- b. I almost always prepare for a doctor visit by writing down my symptoms, current medications and questions.
 - True.....1 False.....2
- c. When my doctor recommends a medical test, medication or treatment, I almost always ask about risks and other options I may have.
 - True.....1 False.....2
- d. In the past 6 months, there have been times when I was unable to do my daily activities because of back pain.
 - True.....2 False.....1
- e. I am currently suffering from back pain
 - True.....2 False.....1
- f. My daily work requires regular lifting, prolonged sitting or prolonged standing.
 - True.....2 False.....1
- g. My cholesterol is 200 or higher(leave blank if you do not know)
 - True.....2 False.....1
- h. I am working with my doctor to control my blood pressure
 - True.....1 False.....2
- i. I am taking medication to control high blood pressure
 - True.....1 False.....2
- j. I take more than two medications daily (prescription or non-prescription)
 - True.....2 False.....1
- k. I am unable to exercise vigorously due to a physical condition
 - True.....2 False.....1

- l. I have had a stroke
 - True.....2 False.....1
- m. My blood relative (parent, brother, sister, etc) has had Heart disease before age 65 or colon cancer
 - True.....2 False.....1
- n. I have had the following cancer screening exams; Finger rectal exam within the last year, Stool exam (fecal occult blood test) within the last year.
 - True.....1 False.....2

Well-Being

- 5. Stress can range from minor annoyances to fairly major pressures, problems or difficulties. How stressful is your life?
 - a. Not at all stressful..... 1
 - b. Only slightly stressful..... 2
 - c. Somewhat stressful..... 3
 - d. Quite Stressful..... 4
 - e. Extremely Stressful..... 5
- 6. How effective are you at dealing with stress in your life?
 - a. Not at all effective..... 5
 - b. Only slightly effective..... 4
 - c. Moderately effective..... 3
 - d. Quite effective..... 2
 - e. Extremely effective..... 1
- 7. How often do you feel depressed?
 - a. Most of the time..... 3
 - b. Sometimes..... 2
 - c. Rarely..... 1
- 8. Have recent events in your life caused you to feel depressed?
 - a. Yes..... 2
 - b. No..... 1

Nutrition

- 9. How often do you eat 5 or ore servings of fruits and vegetables?
 - a. Almost every day..... 1
 - b. More than once a week..... 2
 - c. Once a week or less..... 3
- 10. How often do you eat 6 or more whole grain products?
 - a. Almost every day..... 1
 - b. More than once a week..... 2

- c. Once a week or less..... 3
11. How often do you eat 2 or more servings of calcium-rich dairy products?
(Examples of one serving: a cup milk or yogurt, 1 ½ oz hard cheese)
- a. Almost every day..... 1
 - b. More than once a week..... 2
 - c. Once a week or less and I do not take a calcium supplement... 3
 - d. Once a week or less, but I take a calcium supplement..... 4
12. How often do you eat cheese(not including low-fat cheese)?
- a. Almost every day..... 3
 - b. More than once a week..... 2
 - c. Once a week or less..... 1
13. How often do you eat high-fat meats? (Examples: fried chicken, prime grade steaks, ribs, sausage, bologna, hamburger)
- a. Almost every day..... 3
 - b. More than once a week..... 2
 - c. Once a week or less..... 1
14. Do you buy lean cuts of meat, or cut the fat off before cooking?
- a. Yes..... 1
 - b. Sometimes..... 2
 - c. No..... 3
 - d. I do not eat meat..... 1
15. Do you remove the skin from chicken, turkey or other poultry before eating?
- a. Yes..... 1
 - b. Sometimes..... 2
 - c. No..... 3
 - d. I do not eat poultry..... 1
16. Which of the following do you use MOST OFTEN?
- a. Butter..... 5
 - b. Stick Margarine or butter blend(60/40)..... 4
 - c. Soft(tub) margarine..... 3
 - d. Vegetable oil spread(Benacol, Smart balance, etc)..... 2
 - e. I do not use butter or margarine..... 1
17. Which type of cooking fat or oil do you use most often?
- a. Butter or lard..... 4
 - b. Vegetable Oil..... 2
 - c. Vegetable shortening (solid)..... 3
 - d. I do not use cooking fat or oil..... 1

18. Which one milk product do you use most often(pick only one)?
- a. Skim milk..... 1
 - b. 1% fat milk..... 2
 - c. 2% fat mile..... 3
 - d. Regular or whole milk..... 4
 - e. I do not use milk..... 3
19. How often do you eat dessert-type bake goods? (Examples: pie, cake, cookies, donuts, sweet rolls)
- a. Almost every day..... 3
 - b. More than once a week..... 2
 - c. Once a week or less..... 1
20. How often do you eat salty foods?
- a. Almost every day..... 3
 - b. More than once a week..... 2
 - c. Once a week or less..... 1
21. How often do you salt your foods at the table?
- a. Most of the time..... 3
 - b. Sometimes..... 2
 - c. Never..... 1
22. Are you trying to reduce salt in your cooked foods?
- a. No..... 3
 - b. Sometimes..... 2
 - c. Yes..... 1

Tobacco Use

23. On average I use snuff or chewing tobacco(mark one):
- a. Ten or more times a day..... 5
 - b. Five to nine times a day..... 4
 - c. One to four times a day..... 3
 - d. Less than once a day..... 2
 - e. Never..... 1
24. Do you smoke?
- a. No, I have never smoked anything..... 1
 - b. I used to smoke, but quit..... 2
 - c. Yes, I smoke now..... 3

Current Smokers Only:

25. I began smoking:
- a. Six or more years ago..... 3
 - b. One to five years ago..... 2
 - c. Within the past year..... 1
26. I smoke:
- a. Pipes..... 4
 - b. Cigars/cigarillos..... 4
 - c. Filter tip cigarettes..... 3
 - d. Non-filtered cigarettes..... 4
27. On average, I smoke a pipe, cigar or cigarillo:
- a. Ten or more times a day..... 5
 - b. Five to nine times a day..... 4
 - c. One to four times a day..... 3
 - d. Less than once a day..... 2
 - e. Never..... 1
28. On average, I smoke this many cigarettes:
- a. 50 or more a day..... 9
 - b. 40 to 49 a day(40 =2 packs)..... 8
 - c. 30 to 39 a day..... 7
 - d. 20-29 a day (20 = 1 pack)..... 6
 - e. 15 to 19 a day..... 5
 - f. 10 to 14 a day..... 4
 - g. 1 to 9 a day..... 3
 - h. Less than 1 per day..... 2
 - i. I don't smoke cigarettes..... 1

Former Smokers Only answer the following 2 questions

29. I quit smoking tobacco:
- a. More than 10 years ago..... 1
 - b. Six to ten years ago..... 2
 - c. One to five years ago..... 3
 - d. Less than one year ago..... 4
30. I used to smoke(mark all that apply):
- a. A pipe..... 3
 - b. Cigars/cigarillos..... 4
 - c. Twenty or more cigarettes a day..... 2

- d. Less than 20 cigarettes a day..... 1

Motor Vehicles

- 31. How would you best describe the vehicle you drive or ride in most often?
 - a. Motorcycle..... 3
 - b. Compact or subcompact car..... 2
 - c. Midsize or fullsize car or SUV..... 1

- 32. About how many miles per year do you drive or ride as a passenger?
 - a. More than 30,000..... 7
 - b. 20,001 to 30,000..... 6
 - c. 15,001 to 20,000..... 5
 - d. 10,001 to 15,000..... 4
 - e. 5,001 to 10,000..... 3
 - f. 2,001 to 5,000..... 2
 - g. 2,000 or less..... 1

- 33. How often do you exceed the posted speed limits (either driving or riding as a passenger)?
 - a. Most of the time..... 3
 - b. Sometimes..... 2
 - c. Rarely or never..... 1

- 34. How many traffic tickets (moving violations) have you had in the last two years?
 - a. Four or more..... 5
 - b. Three..... 4
 - c. Two..... 3
 - d. One..... 2
 - e. None..... 1

- 35. What percentage of the time do you wear a seatbelt when riding or driving motor vehicle?
 - a. 75% or more..... 1
 - b. 50% to 74%..... 2
 - c. 25% to 49%..... 3
 - d. Less than 25% 4

- 36. Do you request that all passengers in your motor vehicle wear seatbelts?
 - a. Yes..... 1
 - b. No..... 2

- 37. Where do you drive or ride as a passenger most of the time?
 - a. On highways..... 3
 - b. On city streets..... 1
 - c. Both equally..... 2

38. How often do you drink and drive, or ride with a driver who may have had too much to drink?
- a. Frequently..... 4
 - b. Sometimes..... 3
 - c. Rarely..... 2
 - d. Never..... 1

Alcohol Use

39. On the average, how often do you drink alcoholic beverages (wine, beer or liquor)?
- a. More than once a day..... 6
 - b. Nearly every day..... 5
 - c. Three or four times a week..... 4
 - d. Once or twice a week..... 3
 - e. Once or twice a month..... 2
 - f. Rarely or never drink alcohol..... 1
40. On the days that you drink alcoholic beverages, how many drinks do you usually have? (one drink equals: one 4 oz. glass of wine, one 8 oz wine cooler, one 12 oz beer, one 1 ½ oz hot of liquor)
- a. Seven or more drinks..... 6
 - b. Five to six drinks..... 5
 - c. Three to four drinks..... 4
 - d. Two drinks..... 3
 - e. One drink..... 2
 - f. I do not drink alcohol..... 1

Activity and Exercise

41. How many days per week do you get 30 minutes or more of any moderate-intensity physical activity? (walking, dancing, slow cycling, softball and golf- on foot)
- a. 7 days..... 1
 - b. 5 to 6 days..... 2
 - c. 3 to 4 days..... 3
 - d. 2 days..... 4
 - e. 1 day..... 5
 - f. None..... 6

42. How many days per week do you participate in 20 minutes or more of vigorous exercise? (brisk walking, running, fast cycling, swimming, aerobics)
- a. 5 or more days..... 1
 - b. 4 days..... 2
 - c. 3 days..... 3
 - d. 2 days..... 4
 - e. 1 day..... 5
 - f. None..... 6
43. On the average, how many hours per week do you participate in vigorous exercise?
- a. 4 or more hours..... 1
 - b. 3 hours..... 2
 - c. 2 hours..... 3
 - d. 1 ½ hours..... 4
 - e. 1 hour..... 5
 - f. ½ hour..... 6
 - g. None..... 7

Lifestyle Change

44. Select the health improvements you most want to make in the next 6 months (Mark all that apply)
- a. Eat healthier foods
 - b. Lose weight
 - c. Exercise more regularly
 - d. Reduce back pain
 - e. Drive more safely
 - f. Quit or reduce smoking
 - g. Reduce alcohol consumption
 - h. Deal with stress more effectively
 - i. Deal with my depression
 - j. Learn self-care of minor medical problems
 - k. Get preventative medical exams I need
 - l. Lower my blood pressure
 - m. Lower my cholesterol

- If you circled 12-13..... 1
- If you circled 10-11..... 2
- If you circled 8-9..... 3
- If you circled 6-7..... 4
- If you circled 4-5..... 5
- If you circled 2-3..... 6
- If you circled 1..... 7

45. Would you like information if programs become available to help you improve your health?
- a. Yes..... 1
 - b. No..... 2
46. How many days did you miss from your job because of illness or injury over the last 12 months?
- a. None..... 1
 - b. 1 day..... 2
 - c. 2 days..... 3
 - d. 3 days..... 4
 - e. 4-5 days..... 5
 - f. 6-10 days..... 6
 - g. Over 10 days..... 7

SCORING:

50-90 points.....	Minimal health risks
91-131 points.....	Low health risks
132-172 points.....	Moderate health risks
173-213 points.....	Moderately high health risks
214-250 points.....	High health risks

For those in the moderate, moderately high and high health risk categories, it is recommended you meet with a LifeStyles trainer or you personal physician to discuss the results of this assessment.

If you have any questions, or would like to meet with a LifeStyles trainer to confidentially discuss your results, please call contact Mikki Showers in the rec center.