

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_



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**Health Risk Assessment (HRA) for Annual Wellness Visit**

**Please complete this form in full prior to your appointment with the doctor.**

**Behavioral Risk Factors**

**Physical Inactivity/Lack of Exercise**

- How many days a week do you usually exercise?  
\_\_\_\_\_ days per week
- On days when you exercise, how long do you usually exercise?  
\_\_\_\_\_ minutes per day  
\_\_\_\_\_ does not apply
- How intense is your typical exercise?  
\_\_\_\_\_ Light (like stretching or slow walking)  
\_\_\_\_\_ Moderate (like brisk walking)  
\_\_\_\_\_ Heavy (like jogging or swimming)  
\_\_\_\_\_ Very Heavy (like fast running or stair climbing)  
\_\_\_\_\_ I am currently not exercising

**Nutrition**

- On a typical day, how many servings of fruits and/or vegetables do you eat? (1 serving=1 cup of fresh vegetables, ½ cup of cooked vegetables, or 1 medium piece of fruit, 1 cup= size of baseball)  
\_\_\_\_\_ servings per day
- On a typical day, how many servings of high fiber or whole grain foods do you eat? (1 serving= 1 slice of 100% whole wheat bread, 1 cup of whole grain or high fiber ready to eat cereal, ½ cup of cooked cereal such as oatmeal, or ½ cup of cooked brown rice or whole wheat pasta)  
\_\_\_\_\_ servings per day

- On a typical day, how many servings of fried or high fat foods do you eat? (examples include fried chicken, fried fish, bacon, french fries, potato chips, doughnuts, creamy salad dressings, and foods made with whole milk, cream, cheese, or mayonnaise)  
\_\_\_\_\_ servings per day

### **Motor Vehicle Safety**

- Do you always fasten your seatbelt when you are in the car?  
\_\_\_\_\_ Yes  
\_\_\_\_\_ No
- Do you ever drive after drinking, or ride with a driver who has been drinking?  
\_\_\_\_\_ Yes  
\_\_\_\_\_ No

### **Sun Exposure**

- Do you protect yourself from the sun when you are outdoors?  
\_\_\_\_\_ Yes  
\_\_\_\_\_ No

### **Biometric Measures (self-reported)**

#### **Blood pressure**

- If your blood pressure was checked within the last year, what was it when it was last checked?  
\_\_\_\_\_ Low or normal (at or below 120/80)  
\_\_\_\_\_ Borderline normal (120/80 to 139/89)  
\_\_\_\_\_ High (140/90 or higher)  
\_\_\_\_\_ Don't know/not sure  
\_\_\_\_\_ Does not apply

#### **Cholesterol**

- If your cholesterol was checked within the past year, what was your total cholesterol when it was last checked?  
\_\_\_\_\_ Desirable (below 200)  
\_\_\_\_\_ Borderline high (200-239)  
\_\_\_\_\_ High (240 or higher)  
\_\_\_\_\_ Don't know/not sure  
\_\_\_\_\_ Does not apply

**Blood Sugar**

- If your blood sugar was checked within the past year, what was your fasting blood sugar level the last time it was checked?  
\_\_\_\_\_ Desirable (below 100)  
\_\_\_\_\_ Borderline high (100-125)  
\_\_\_\_\_ High (126 or higher)  
\_\_\_\_\_ Don't know/not sure  
\_\_\_\_\_ Does not apply
- Have you ever been told by a health professional that you have diabetes or high blood sugar?  
\_\_\_\_\_ Yes  
\_\_\_\_\_ No
- If you have had a Hemoglobin A1C level checked within the past year, what was it last time it was checked?  
\_\_\_\_\_ Desirable (6 or lower)  
\_\_\_\_\_ Borderline high (7)  
\_\_\_\_\_ High (8 or higher)  
\_\_\_\_\_ Don't know/not sure  
\_\_\_\_\_ Does not apply

**Weight**

- What is your height?  
\_\_\_\_\_ Feet, \_\_\_\_\_ inches
- What is your weight?  
\_\_\_\_\_ Pounds

**General Well-Being**

- In general, would you say your health is  
\_\_\_\_\_ Excellent  
\_\_\_\_\_ Very Good  
\_\_\_\_\_ Good  
\_\_\_\_\_ Fair  
\_\_\_\_\_ Poor

**Social/Emotional Support**

- How often do you get the social and emotional support you need:  
\_\_\_\_\_ Always  
\_\_\_\_\_ Usually  
\_\_\_\_\_ Sometimes  
\_\_\_\_\_ Rarely  
\_\_\_\_\_ Never

**General Life Satisfaction**

- In general, how satisfied are you with your life?  
\_\_\_\_\_ Very satisfied  
\_\_\_\_\_ Satisfied  
\_\_\_\_\_ Dissatisfied  
\_\_\_\_\_ Very dissatisfied

**Daily Aspirin Use**

- Have you discussed taking a daily aspirin with your doctor  
\_\_\_\_\_ Yes  
\_\_\_\_\_ No