

HEALTH RISK ASSESSMENT



Name: _____ Date of Birth: _____ Gender: _____

PLEASE READ THE QUESTIONS CAREFULLY AND MARK THE BOX AS IT APPLIES TO YOU:

FAMILY HISTORY – Please tick where it applies (if you don't know leave it blank).

	Father	Mother	Grandfather	Grandmother	Sister	Brother	Aunt	Uncle	Daughter	Son
Diabetes										
Chronic Lung Disease										
Hypertension										
Heart Disease										
Stroke										
Kidney Disease										
Obesity										
Genetic Disorder										
Alcoholism										
Liver Disease										
Depression or Bipolar Disease										
Colon or Rectal Cancer										
Breast Cancer										
Other Cancer										
Other										

ALLERGIES AND INTOLERANCES – Please list any allergies or food intolerance that you may have and how it affects you.

ALLERGY OR INTOLERANCE	HOW IT AFFECTS YOU

SOCIAL HISTORY – Please rate your social habits

← MOST TRUE	LEAST TRUE →	
		I spend evenings and weekends out of the house socialising (e.g pub, cinema)
		I like to be out and about in touch with nature for exercise and relaxation
		I drink no more than 2 glasses of wine, beer or alcohol each day
		I smoke very rarely, have given up or never smoked
		I rarely if ever, use illegal drugs
		I rarely if ever, use legal highs
		I prefer to be at work

MOOD – How does mood affect you?

← MOST TRUE	LEAST TRUE →	
		I am happy and fulfilled and grateful for the wonderful things and people in my life
		I rarely let things like family, work or what people think of me, get me down
		I feel confident and stand up for myself and what is right
		I am able to concentrate without my mind drifting
		I get enough sleep, generally through the night/day
		I love my life and look forward to most days
		I rarely feel down, depressed or helpless
		I don't let the little things get me down
		I enjoy doing everyday things
		I feel energised and alive

ACTIVITIES OF DAILY LIFE – How do you cope with everyday activity?

EASY	SLIGHTLY DIFFICULT	VERY DIFFICULT	TOO DIFFICULT	
				Heavy housework such as scrubbing floors or washing windows
				Reaching or extending arms above shoulder level
				Writing, or handling and grasping small objects
				Lifting or carrying objects of 10lbs or more
				Climbing one or more flight of stairs
				Stooping, crouching or kneeling
				Running for a bus or train
				Walking for 15 minutes

NUTRITION AND HYDRATION – How are you with food and drink?

← MOST TRUE		LEAST TRUE →		
				I enjoy my food and I think I eat about the right amount
				I check food labelling and choose my food carefully
				I eat fresh food, locally produced whenever I can
				I have fresh coffee less than 3 times each day
				I take home prepared food to work with me
				I drink up to two litres of water each day
				I can eat just about anything

ATTITUDE TOWARDS EXERCISE – Please tick the statement that most closely describes your own feelings

- “I’ve no reason to exercise, and no plans to do so.”
- “I’d like to exercise more but have yet to do anything about it.”
- “I exercise when I can find the time, but not very often.”
- “I’m already exercising and would now like to move to the next level.”
- “I’ve made a real effort to exercise for more than six months.”
- “I was very active, but I stopped and have found it difficult to start again.”