

Health Risk Assessment

(PSOR\HH 1DPH

Date (mm/dd/yyyy)

1. In general, how would you rate your health? Excellent Very Good Good Fair Poor

2. In the last 7 days, how often did you exercise for at least 20 minutes in a day?

Every day 3-6 days 1-2 days 0 days

Exercise includes walking, housekeeping, jogging, weights, a sport or playing with your kids. It can be done on the job, around the house, just for fun or as a work-out.

3. In the last 7 days, how often did you eat 3 or more servings of fruits or vegetables in a day?

Every day 3-6 days 1-2 days 0 days

Each time you ate a fruit or vegetable counts as one serving. It can be fresh, frozen, canned, cooked or mixed with other foods.

4. In the last 7 days, how often did you have (5 or more for men, 4 or more for women) alcoholic drinks at one time? Never Once a week 2-3 times a week More than 3 times during the week

1 drink is 1 beer, 1 glass of wine, or 1 s >>BDiu1(i).

Your Healthy Behavior

Small everyday changes can have a big impact on your health. Think about the changes you would be most interested in making over the next year. Look at the list below and **CHOOSE ONE or MORE**: