

TestWell.org
Health Risk Appraisal

Personal Information

Name or ID:
Gender:
Race/Origin:
Age:
Height: feet inches
Weight: lbs
Body Frame Size:

What is your blood pressure?

Systolic (high number): *Diastolic (low number): *

What is your cholesterol level?

Total cholesterol level: *Md/DIHDL cholesterol level: *Md/DIDo you have diabetes: Did your mother, father, sibling have diabetes?:

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Tobacco And Smoking Information

How would you describe your smoking habits?

never

Current Smoker

Cigars smoked per day:

Pipes of tobacco per day:

Smokeless tobacco per day:

Cigarettes per day:

Former Smoker

How many years since you smoked regularly?:

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

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Travel Information

In the next 12 months, how many thousands of miles will you probably travel by motorcycle, car, truck, or van? (NOTE: U.S. Average = 10,000 miles):	<input type="text" value="12"/> ,000 miles
What percent of the time do you wear your seatbelt?	<input type="text" value="100"/>
How many times in the last month did you drive or ride when the driver probably had too much alcohol to drink?	<input type="text" value="0"/>
On a typical day, how do you travel?	motorcycle ▼
How close to the speed limit do you drive?	Less than 5 over ▼

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Drinking

How many drinks of alcoholic beverages do you have in a typical week? (Mark the number of each type of drink, Range = 0-?)

Bottles or cans of beer:

Glasses of wine:

Wine coolers:

Mixed drinks or shots of liquor:

Exercise Activity

In the average week, how many times do you engage in physical activity(exercise or work lasting at least 20 minutes and hard enough to make you breathe heavier and your heart beat faster)?

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Women's Health

At what age did you have your first menstrual period?	<input type="text"/>
How old were you when your first child was born?	<input type="text"/>
How long has it been since your last breast x-ray? (Mammogram)	less than 1 year ▼
How many women in your natural family (mother and sisters only) have had breast cancer?	<input type="text"/>
Have you had a hysterectomy? (Removal of uterus)	yes ▼
How long has it been since you had a pap smear for cancer?	less than 1 year ▼
How often do you examine your breasts for lumps?	monthly ▼
About how long has it been since you had your breasts examined by a physician or nurse?	less than 1 year ▼

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Men's Health

About how long has it been since you had a rectal or prostate exam?

less than 1 year ▼

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Nutrition	
How often do you drink at least a quart of water each day?	Almost Always ▾
When preparing meals, how often do you use waterless and greaseless cookware?	Almost Always ▾
How often do you eat several servings of breads, cereals, rice and pasta daily?	Almost Always ▾
How often do you eat and drink low fat dairy products daily?	Almost Always ▾
How often do you have a meatless meal at least once a week?	Almost Always ▾
How often do you select lean cuts of meat, poultry and fish prepared with a minimum of fat?	Almost Always ▾
How often do you eat a wide variety of foods to ensure adequate vitamins and minerals?	Almost Always ▾
How often do you include whole grains, raw fruits and vegetables, beans or peas in you daily diet?	Almost Always ▾
How often do you limit you intake of salt?	Almost Always ▾
How often do you limit you intake of sugar?	Almost Always ▾

Finish