Health Risk Appraisal Questionnaire

Before beginning this questionnaire, please have your medical information at hand, including your height, weight, approximate dates of most recent preventive services and health screenings, and blood pressure and cholesterol measurements, if known. While none of this information is required, including it will make your HRA profile report more accurate and complete. You may retake the HRA every 6 months.

When you have completed the HRA, please FAX it to 614-818-3223 using the attached cover sheet.

1 Sex:  
   [ ] Male  
   [ ] Female

2 Age (at last birthday): ____

Are you pregnant?  
   [ ] Yes (if yes, please answer this questionnaire with pre-pregnancy information)  
   [ ] No  
   [ ] Does not apply

3 Height (without shoes) ____ Feet, ____ Inches

4 Weight (without shoes) ____ Pounds

5 What is your blood pressure?  
   ____ Systolic (high number)  
   ____ Diastolic (low number)  
   [ ] I’m not sure

6 What is your total cholesterol level (based on a blood test)? ____ mg/dl OR ____ mmol/L  
   [ ] I’m not sure

7 What is your HDL cholesterol level (based on a blood test)? ____ mg/dl OR ____ mmol/L  
   If you do not know the number, which best describes your HDL cholesterol?  
   [ ] Good/normal  
   [ ] Bad  
   [ ] I’m not sure

Health-related Behaviors

8 How would you describe your cigarette smoking habits?  
   [ ] Still smoke cigarettes (go to question 9)  
   [ ] Used to smoke cigarettes (go to question 10)  
   [ ] Never smoked cigarettes (go to question 11)

9 For current cigarette smokers only: How many cigarettes do you smoke per day? ____ Cigarettes per day

10 For former cigarette smokers only:
   How many years has it been since you smoked cigarettes on a fairly regular basis? ____ Years
   What was the average number of cigarettes per day that you smoked in the 2 years before you quit?  
   [ ] Less than 9  
   [ ] 10-15  
   [ ] 16-19  
   [ ] 20 or more

11 Do you smoke or use:  
   [ ] Pipes?  
   [ ] Cigars?  
   [ ] Smokeless tobacco
12 How often do you use drugs or medication (including prescription drugs) that affect your mood or help you to relax?  
☐ Almost every day  
☐ Sometimes  
☐ Rarely or never

13 How many drinks of alcoholic beverages do you have in a typical week?  
☐ Drinks

(one drink = one beer, glass of wine, shot of liquor or mixed drink)

14 How many times in the last month did you drive or ride when the driver had perhaps too much to drink?  
☐ Times last month

15 In the next month, how many thousands of miles will you probably drive or ride by each of the following?  
A. Car, truck, van or SUV
☐ 0-1,999 miles (0-3,199 km)  
☐ 2,000-4,999 miles (3,200-7,999 km)  
☐ 5,000-9,999 miles (8,000-16,099 km)  
☐ 10,000-14,999 miles (16,100-24,099 km)  
☐ 15,000-19,999 miles (24,100-32,199 km)  
☐ 20,000-29,999 miles (32,200-48,299 km)  
☐ 30,000 miles (48,300 km) or more  
☐ Do not drive or ride

B. Motorcycle
☐ 0-999 miles (0-1,599 km)  
☐ 1,000 miles (1,600 km)  
☐ 2,000 miles (3,200 km)  
☐ 3,000 miles (4,800 km)  
☐ 4,000 miles (6,400 km)  
☐ More than 4,000 miles (more than 6,400 km)  
☐ Do not drive or ride

16 What percent of the time do you usually buckle your safety belt when driving or riding?  
☐ 100%  
☐ 90-99%  
☐ 80-89%  
☐ Less than 80%

17 On the average, how close to the speed limit do you usually drive?  
☐ Within 5 MPH of the speed limit  
☐ 6-10 MPH over the speed limit  
☐ More than 10 MPH over the speed limit

18 On a typical day, how do you usually travel?  
☐ Subcompact or compact car  
☐ Mid-size or full-size car, or minivan  
☐ Truck, van, full-size van or SUV  
☐ Motorcycle  
☐ Other

19 How many servings of foods do you eat that are high in fiber, such as whole grain bread, high fiber cereal, fresh fruits or vegetables?  
(serving size: 1 slice bread, 1/2 cup or 110 ml vegetables, 1 medium fruit, 3/4 cup or 170 ml cereal)  
☐ 5-6 servings a day  
☐ 3-4 servings a day  
☐ 1-2 servings a day  
☐ Rarely/never

20 How many servings of foods do you eat that are high in cholesterol or fat such as fatty meat, cheese, fried foods or eggs?  
(serving size: 3 1/2 oz or 100 g meat, 1 egg, 1 oz/slice or 28 g cheese)  
☐ 5-6 servings a day  
☐ 3-4 servings a day  
☐ 1-2 servings a day  
☐ Rarely/never
21 In the average week, how many times do you engage in physical activity (exercise or work which is hard enough to make you breathe more heavily and to make your heart beat faster) and is done for at least 20 minutes? (examples include running, brisk walking or heavy labor, e.g. chopping, lifting, digging, etc.)
- Less than 1 time per week
- 1-2 times per week
- 3 times per week
- 4 or more times per week

**Quality of Life Indicators**

22 In general, how satisfied are you with your life? (Include personal and professional aspects)
- Completely satisfied
- Mostly satisfied
- Partly satisfied
- Not satisfied

23 Would you agree you are satisfied with your job?
- Agree strongly
- Agree
- Disagree
- Disagree strongly

24 In general, how strong are your social ties with your family and/or friends?
- Very strong
- About average
- Weaker than average
- Not sure

25 Considering your age, how would you describe your overall physical health?
- Excellent
- Very good
- Good
- Fair
- Poor

26 How many hours of sleep do you usually get at night?
- 6 hours or less
- 7 hours
- 8 hours
- 9 hours or more

27 Have you suffered a personal loss or misfortune in the past year? (For example: a job loss, disability, divorce, separation, jail term, or the death of someone close to you)
- Yes, 2 or more serious losses
- Yes, 1 serious loss
- No

28 How often do you feel tense, anxious, or depressed?
- Often
- Sometimes
- Rarely
- Never

29 During the past year, how much effect has stress had on your health?
- A lot
- Some
- Hardly any
- None

30 In the past year, how many days of work have you missed due to personal illness?
- 0 days
- 1-2 days
- 3-5 days
- 6-10 days
- 11-15 days
- 16 or more days
31 During the past 4 weeks how much did your health problems affect your productivity while you were working?  
- No health problems  
- None of the time  
- Some of the time  
- Most of the time  
- All of the time  

32 In the past 2 weeks, how much of the time did your physical health or emotional problems make it difficult for you to do the following? Select the "Does not apply" option only if the question describes something that is not part of your job.  

**Work the required number of hours?**  
- All of the time (100%)  
- Most of the time  
- Half of the time (50%)  
- Some of the time  
- None of the time (0%)  
- Does not apply to my job  

**Start on your job as soon as you arrived at work?**  
- All of the time (100%)  
- Most of the time  
- Half of the time (50%)  
- Some of the time  
- None of the time (0%)  
- Does not apply to my job  

**Repeat the same hand motions over and over again while working?**  
- All of the time (100%)  
- Most of the time  
- Half of the time (50%)  
- Some of the time  
- None of the time (0%)  
- Does not apply to my job  

**Use your equipment (i.e., phone, pen, keyboard, computer mouse)?**  
- All of the time (100%)  
- Most of the time  
- Half of the time (50%)  
- Some of the time  
- None of the time (0%)  
- Does not apply to my job  

**Concentrate on your work?**  
- All of the time (100%)  
- Most of the time  
- Half of the time (50%)  
- Some of the time  
- None of the time (0%)  
- Does not apply to my job  

**Help other people to get work done?**  
- All of the time (100%)  
- Most of the time  
- Half of the time (50%)  
- Some of the time  
- None of the time (0%)  
- Does not apply to my job  

**Do the required amount of work on your job?**  
- All of the time (100%)  
- Most of the time  
- Half of the time (50%)  
- Some of the time  
- None of the time (0%)  
- Does not apply to my job
Feel you have done what you are capable of doing?

- All of the time (100%)
- Most of the time
- Half of the time (50%)
- Some of the time
- None of the time (0%)
- Does not apply to my job

33 How many hours did you take off from work over the past 2 weeks to take care of sick children, parents or other relatives? *(This might include taking children to doctor's appointments, staying home with a sick child or parent or calling doctors or health insurance companies.)*

- Hours

Medical History and Self-care

34 Do you have a family history (brother, sister, mother, father, grandparents) of:

- High blood pressure?
  - Yes
  - No
  - I’m not sure

- Heart problems?
  - Yes
  - No
  - I’m not sure

- Diabetes?
  - Yes
  - No

Cancer?

- Yes
- No
- I’m not sure

High cholesterol?

- Yes
- No
- I’m not sure

35 Do you have:

- Allergies
  - Never
  - In the past
  - Have currently
  - Taking medication
  - Under medical care

- Arthritis
  - Never
  - In the past
  - Have currently
  - Taking medication
  - Under medical care

- Asthma
  - Never
  - In the past
  - Have currently
  - Taking medication
  - Under medical care

- Back pain
  - Never
  - In the past
  - Have currently
  - Taking medication
  - Under medical care

- Cancer
  - Never
  - In the past
  - Have currently
  - Taking medication
  - Under medical care

- Chronic bronchitis/emphysema
  - Never
  - In the past
  - Have currently
  - Taking medication
  - Under medical care

- Chronic pain
  - Never
  - In the past
  - Have currently
  - Taking medication
  - Under medical care

- Depression
  - Never
  - In the past
  - Have currently
  - Taking medication
  - Under medical care
<table>
<thead>
<tr>
<th>Condition</th>
<th>Never</th>
<th>In the past</th>
<th>Have currently</th>
<th>Taking medication</th>
<th>Under medical care</th>
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<tbody>
<tr>
<td>Diabetes</td>
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<tr>
<td>Heart problems</td>
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<td>Heartburn or acid reflux</td>
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<td>High blood pressure</td>
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<td>High cholesterol</td>
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<td>Menopause</td>
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<td>Migraine headaches</td>
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<td>Stroke</td>
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<tr>
<td>Other condition</td>
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</table>

36 When was the last time you had these preventive services or health screenings?

<table>
<thead>
<tr>
<th>Service</th>
<th>Less than 1 year ago</th>
<th>1-2 years ago</th>
<th>2-3 years ago</th>
<th>3-4 years ago</th>
<th>5-6 years ago</th>
<th>7 or more years ago</th>
<th>Never</th>
<th>Don’t know</th>
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<tbody>
<tr>
<td>Colon cancer screen</td>
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<td>Flu shot</td>
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<td>Rectal exam</td>
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<td>Tetanus shot</td>
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</tbody>
</table>

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Blood pressure
- Less than 1 year ago
- 1-2 years ago
- 2-3 years ago
- 3-4 years ago
- 5-6 years ago
- 7 or more years ago
- Never
- Don’t know

Cholesterol
- Less than 1 year ago
- 1-2 years ago
- 2-3 years ago
- 3-4 years ago
- 5-6 years ago
- 7 or more years ago
- Never
- Don’t know

For women only:
- Pap test
  - Less than 1 year ago
  - 1-2 years ago
  - 2-3 years ago
  - 3-4 years ago
  - 5-6 years ago
  - 7 or more years ago
  - Never
  - Don’t know
- Mammogram
  - Less than 1 year ago
  - 1-2 years ago
  - 2-3 years ago
  - 3-4 years ago
  - 5-6 years ago
  - 7 or more years ago
  - Never
  - Don’t know

For men only:
- Prostate exam
  - Less than 1 year ago
  - 1-2 years ago
  - 2-3 years ago
  - 3-4 years ago
  - 5-6 years ago
  - 7 or more years ago
  - Never
  - Don’t know

37 In the past 12 months, how many times have you:

- Visited a physician's office or clinic?
  - 0
  - 1-2
  - 3-5
  - 6 or more

- Gone to the emergency room?
  - 0
  - 1-2
  - 3-5
  - 6 or more

- Stayed overnight in a hospital?
  - 0
  - 1-2
  - 3-5
  - 6 or more
For Women Only  *(men skip to question 43)*
38 How many women in your natural family  *(mother and sisters only)* have had breast cancer?  
- None  
- 1  
- 2 or more  
- Don’t know

39 Have you had a hysterectomy operation?  
- Yes  
- No  
- I’m not sure

40 At what age did you have your first menstrual period?  
- Younger than 12  
- 12  
- 13  
- 14 or older

41 How old were you when your first child was born?  
- Younger than 20  
- 20-24  
- 25-29  
- 30 or older  
- Does not apply

42 How often do you examine your breasts for lumps?  
- Monthly  
- Once every few months  
- Rarely or never

For Men Only  *(women skip to question 44)*
43 How often do you examine your testicles for lumps?  
- Monthly  
- Once every few months  
- Rarely or never

Personal Information
44 Current marital status:  
- Single (never married)  
- Separated  
- Divorced  
- Married  
- Widowed  
- Other

45 Race/origin:  
- White (non-Hispanic origin)  
- Black (non-Hispanic origin)  
- Hispanic  
- Asian or Pacific Islander  
- American Indian/Alaskan Native  
- Other

46 What is the highest level of education you have achieved?  
- Some high school or less  
- High school graduate  
- Some college  
- College graduate  
- Post-graduate or professional degree

47 Expected household income this year?  
- Less than $35,000  
- $35,000-$45,999  
- $50,000-$74,999  
- $75,000-$99-999  
- $100,000 or more
Health Planning Questions

48 In the next 6 months, are you planning to make any changes to keep yourself healthy or improve your health?

- Increase physical activity
  - Yes
  - No
  - Don’t know
  - Not needed

- Lose weight
  - Yes
  - No
  - Don’t know
  - Not needed

- Reduce alcohol use
  - Yes
  - No
  - Don’t know
  - Not needed

- Quit or cut down smoking
  - Yes
  - No
  - Don’t know
  - Not needed

- Reduce fat/cholesterol intake
  - Yes
  - No
  - Don’t know
  - Not needed

- Lower blood pressure
  - Yes
  - No
  - Don’t know
  - Not needed

- Lower cholesterol level
  - Yes
  - No
  - Don’t know
  - Not needed

- Cope better with stress
  - Yes
  - No
  - Don’t know
  - Not needed

49 In the next 6 months, would you participate in a program that would help you to enhance your overall health?

- Yes
- No
- I’m not sure

50 If available, would you like follow-up information and other services? (If you answer yes, your information may be used only by approved vendors to enhance your health through personal contact or written information.)

- Yes
- No
- I’m not sure

In order to process your HRA, we will need to create an online Health-e Outlook account for you. Please provide the information requested on the next page. If you have access to a computer in the future, you will be able to log on to your Health-e Outlook homepage, view your HRA results or retake the HRA, and use all of the other Health-e Outlook tools.