General Health Assessment

This assessment will ask you about your health and lifestyle habits. You will receive a report with information about your health risks, healthy and unhealthy habits, and risk reduction strategies. This health risk assessment is not intended to diagnose any diseases, illnesses or health conditions.

The information obtained from this assessment will be stored in the most secure manner that technology allows. None of your personal data will be released to anyone without your prior approval. TRALE will only use your data to be combined with others in a large database for aggregate reporting back to your employer. This will allow your employer to improve overall employee health through offering specific interventions.

Please fill in your responses like this using a No. 2 Pencil . . . ◯ ▬

PLEASE PRINT

Name _____

Street Address _____

City _____ **State** _____ **ZIP Code** _____

Email _____

Company _____

1. What is your gender?

◯ Male ◯ Female

2. What is your age?

0	10	20	30	40	50	60	70	80	90
0	1	2	3	4	5	6	7	8	9

3. What is your ethnic origin?

3. Ethnic Origin
◯ African American
◯ American Indian or Alaskan Native
◯ Asian or Pacific Islander
◯ Hispanic
◯ White
◯ Other

4. If you had to rate your current state of health, how would you answer?

4. State of Health
◯ Great
◯ Good
◯ Average
◯ Below Average
◯ Poor

5. What is your job class?

5. Job Class	
◯ Management Field/Office	◯ Office Staff
◯ Carpenter/Welder	◯ Laborer
◯ Shop/Maintenance	◯ Operator

Tobacco

6. Do you smoke cigarettes?

◯ Yes, I currently smoke cigarettes
◯ I quit smoking 2 or more years ago
◯ I quit smoking less than 2 years ago
◯ I have never smoked cigarettes

7. If you marked that you currently smoke cigarettes, please enter the total number of cigarettes you smoke in an average day.

0	10	20	30	40	50	60	70	80	90
0	1	2	3	4	5	6	7	8	9

8. How many cigars or pipes do you smoke per day? ◯ None ◯ 1 or less ◯ 2 or more

9. How many times a day do you use smokeless tobacco (snuff or chewing tobacco)? ◯ None ◯ 1 or less ◯ 2 or more

Nutrition

10. How many servings do you eat from the following food groups?

		NONE	1-4 PER WEEK	5-7 PER WEEK	2 PER DAY	3+ PER DAY
Fruits:	1 medium piece (tennis ball) or ½ cup chopped (½ baseball)	◯	◯	◯	◯	◯
Vegetables:	1 cup raw or ½ cup cooked (½ baseball)	◯	◯	◯	◯	◯
Protein:	meat, chicken, nuts, beans (½ deck of cards)	◯	◯	◯	◯	◯
Complex carbohydrates:	whole wheat bread, brown rice, whole grain cereal (1 slice/ cooked-½ baseball)	◯	◯	◯	◯	◯
Simple carbohydrates:	white bread, white rice, processed cereal, pasta (1 slice/ cooked-½ cup)	◯	◯	◯	◯	◯
Dairy:	milk, cheese, yogurt (1 cup milk, a slice of cheese, 1 cup yogurt)	◯	◯	◯	◯	◯
Processed meats:	hot dogs, lunch meats, bacon	◯	◯	◯	◯	◯
Fried foods:	french fries, fried chicken, chips	◯	◯	◯	◯	◯
Fats:	cream, butter, sauces, shortening	◯	◯	◯	◯	◯
Sweets & desserts:	cookies, cake, donuts, candy	◯	◯	◯	◯	◯

Vehicle Safety

- ☐ Never
- ☐ Once
- ☐ Two or more

11. How many times in the last month did you drive or ride when the driver had perhaps too much alcohol to drink?

- ☐ Never 0%
- ☐ Seldom 1-39%
- ☐ Sometimes 40-79%
- ☐ Usually 80-99%
- ☐ Always 100%

12. What percentage of the time do you buckle your safety belt when either driving or riding in a motor vehicle?

- ☐ Within 5 miles per hour
- ☐ 6-10 mph over
- ☐ 11-20 mph over
- ☐ More than 20 mph over

13. On the average, how close to the posted speed limit do you usually drive?

Physical Activity

- ☐ 6 - 7 days a week
- ☐ 4 - 5 days a week
- ☐ 2 - 3 days a week
- ☐ 1 day a week
- ☐ Never

14. How many days a week do you do at least 20-30 minutes of physical activity, without stopping, in which you breathe heavier and your heart beats faster?

Alcohol

- ☐ None, I don't drink alcohol
- ☐ 1 - 2 drinks
- ☐ 3 - 7 drinks
- ☐ 8 - 14 drinks
- ☐ 15 or more drinks

15. In an average week, how many alcoholic drinks do you consume?

- ☐ Yes
- ☐ No

16. If you drink alcohol, do you ever drink more than 5 drinks at a time?

Stress & Depression

17. At any time in the past year, how often have you felt:

	RARELY	SOMETIMES	OFTEN	ALMOST ALWAYS
Downhearted or sad?	☐	☐	☐	☐
Angry or hostile?	☐	☐	☐	☐
Nervous or uptight?	☐	☐	☐	☐
That you are receiving good support from friends and family?	☐	☐	☐	☐
That interesting and challenging situations fill your life?	☐	☐	☐	☐

18. How much stress do you feel in these areas of your life?

	NONE	A LITTLE	SOME	A LOT	OVER-WHELMING
Work / Job	☐	☐	☐	☐	☐
Family	☐	☐	☐	☐	☐

19. Do you feel you are effective in managing the stress in your daily life?

- ☐ I am very effective
- ☐ I am somewhat effective
- ☐ I am not effective
- ☐ I try to manage my stress but it doesn't seem to help

Current Health

20. Do you currently have or have you ever had any of the following?
(If you answered yes, please indicate if you are taking medication for it.)

	YES	NO	TAKING MEDICATION
Stroke	☐	☐	☐
Asthma	☐	☐	☐
Arthritis	☐	☐	☐
Diabetes	☐	☐	☐
Back Pain	☐	☐	☐
Depression	☐	☐	☐
Osteoporosis	☐	☐	☐
High Cholesterol	☐	☐	☐
Cancer (of any kind)	☐	☐	☐
High Blood Pressure	☐	☐	☐
Polyps of the Colon or Rectum	☐	☐	☐
Chronic Bronchitis or Emphysema	☐	☐	☐
New/Chronic Neurologic Issues of Extremities	☐	☐	☐
Angina, Congestive Heart Failure or Heart Attack	☐	☐	☐

Medical Care

21. Do you have a primary care doctor or health care provider? Yes ☐ No ☐

22. Have you had or do you have scheduled a routine physical in the past or future 12 months? Yes ☐ No ☐

23. Do you have a medical condition that will require use of the healthcare system in the next year? Yes ☐ No ☐

24. How confident are you with your ability to do the following?

	NOT CONFIDENT		NEUTRAL		CONFIDENT
Understand your healthcare benefits	☐	☐	☐	☐	☐
Talk with your doctor	☐	☐	☐	☐	☐
Care for a minor illness or injury	☐	☐	☐	☐	☐

Women's Health - MEN GO TO QUESTION 31

25. Are you currently pregnant? Yes ☐ No ☐

26. How often do you do a self-administered breast exam to check for lumps? Monthly ☐ Once every few months ☐ Rarely or never ☐

27. When did you last have your breasts examined by a physician or nurse? Within the past year ☐ 1 to 2 years ago ☐ 2 to 3 years ago ☐ More than 3 years ago ☐ Never ☐

28. When did you last have a Pap Smear? Within the past year ☐ 1 to 2 years ago ☐ 2 to 3 years ago ☐ More than 3 years ago ☐ Never ☐

29. When did you last have a digital rectal exam? (Answer only if you are age 40 or over) Within the past year ☐ 1 to 2 years ago ☐ 2 to 3 years ago ☐ More than 3 years ago ☐ Never ☐

30. When did you last have a Mammogram (breast x-ray)? (Answer only if you are age 40 or over) Within the past year ☐ 1 to 2 years ago ☐ 2 to 3 years ago ☐ More than 3 years ago ☐ Never ☐

Men's Health

31. When did you last have a rectal or prostate exam? (Answer only if you are age 40 or over) Within the past year ☐ 1 to 2 years ago ☐ 2 to 3 years ago ☐ More than 3 years ago ☐ Never ☐

32. How often do you examine your testicles for lumps? Monthly ☐ Once every few months ☐ Rarely or never ☐

Readiness to Change

33. Are you currently planning to make any changes to keep yourself healthy or improve your health?

	YES, IN THE NEXT 30 DAYS	YES, IN THE NEXT 6 MONTHS	I HAVE RECENTLY MADE A HEALTHY CHANGE	I AM ALREADY MAINTAINING HEALTHY HABITS	NOT INTERESTED
Diet and Nutrition	☐	☐	☐	☐	☐
Exercise	☐	☐	☐	☐	☐
Tobacco Use	☐	☐	☐	☐	☐
Weight Management	☐	☐	☐	☐	☐
Stress	☐	☐	☐	☐	☐
Alcohol Use	☐	☐	☐	☐	☐