




Health Risk Assessment

First Name, Middle Name, Last Name, and Suffix				Date of Birth (mm/dd/yyyy)	
Mailing Address			Apartment or Lot Number		mihealth Card Number
City	State	Zip Code	Phone Number		Other Phone Number

Check one for each question

- In general, how would you rate your health?** Excellent Very Good Good Fair Poor
- Has a doctor told you that you have hearing loss or are deaf?** Yes No
- (For women only) Are you currently pregnant?** Yes No Not applicable (men only)
- 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.*
- 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.*
- 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 shot.*
- In the last 30 days have you smoked or used tobacco?** Yes No
If YES, Do you want to quit smoking or using tobacco?
 Yes I am working on quitting or cutting back right now No
- How often is stress a problem for you in handling everyday things such as your health, money, work, or relationships with family and friends?**
 Almost every day Sometimes Rarely Never