

Personal Health Risk Assessment Form

An initial tool for assessing your general health

	# of points		
I eat breakfast :		I consume fast food:	
Every day	0 pts	Never	0 pts
Most days	1 pt	Occasionally	1 pt
Rarely	2 pts	Weekly	2 pts
Never	3 pts	More than one time per week	3 pts
	_____		_____
I eat ____ meals per day:		I consume soft drinks:	
5-6	0 pts	Never	0 pts
4	1 pt	Occasionally	1 pt
2-3	2 pts	Weekly	2 pts
1	3 pts	More than once per week	3 pts
	_____		_____
I eat ____ servings of fruit per day:		I consume organic animal foods and wild fish:	
3-4	0 pts	Always	0 pts
2	1 pt	Sometimes	1 pt
1	2 pts	Never	2 pts
None	3 pts		_____

I eat ____ servings of vegetables per day:		I consume dairy products:	
8-9	0 pts	Never	0 pts
6-7	1 pt	Weekly	1 pt
5	2 pts	Daily	2 pts
Less than 5	3 pts	More than once per day	3 pts
	_____		_____
I eat ____ servings of whole grains per day:		I drink 64 ounces of water:	
3 or more	0 pts	Daily	0 pts
2	1 pt	Most days	1 pt
1	2 pts	Rarely	2 pts
Less than 1	3 pts	Almost never	3 pts
	_____		_____
I eat foods containing ingredients like refined sugar, enriched flour and other negative ingredients:		I drink alcohol:	
Almost never	0 pts	1 time per week or less	0 pts
1-2 times per week	1 pt	2 times per week	1pt
3-4 times per week	2 pts	3 times per week	2pts
More than 4 times per week	3 pts	4 or more times per week	3pts
	_____		_____
I consume artificial sweeteners:		I consume oils (in salad dressing, cooking oils, in packaged foods):	
Never	0 pts	Almost never	0 pts
Occasionally	1 pt	Several times per week	1 pt
Weekly	2 pts	Once per day	2 pts
More than one time per week	3 pts	More than once per day	3 pts
	_____		_____
		I drink coffee:	
		Occasionally	0 pts
		Weekly	1 pt
		Daily	2 pts
		More than one cup per day	3 pts

Smoking:

- I have never smoked 0 pts
- I quite over 5 years ago 0 pts
- I quit less than 5 years ago 1 pts
- I quit less than one year ago 2 pts
- I currently smoke 5 pts

Sleep Habits:

- I regularly go to bed between 10:00 and 11:00PM 0 pts
- I go to bed after 11:00PM 2 pts
- I go to bed after 12:00AM 3 pts

Stress:

Please check off those issues that are currently causing you stress:

- | | |
|---|---|
| <input type="checkbox"/> Children | <input type="checkbox"/> Divorce/Separation |
| <input type="checkbox"/> Parents | <input type="checkbox"/> Moving |
| <input type="checkbox"/> Spouse/significant other | <input type="checkbox"/> Not looking the way you want |
| <input type="checkbox"/> Work circumstances | <input type="checkbox"/> Lack of exercise |
| <input type="checkbox"/> Co-worker | <input type="checkbox"/> Financial |
| <input type="checkbox"/> Traffic | <input type="checkbox"/> Not enough hours in the day |
| <input type="checkbox"/> Lack of sleep | <input type="checkbox"/> Can't say "no" |
| <input type="checkbox"/> Physical illness | <input type="checkbox"/> Other |
| <input type="checkbox"/> Unfulfilled expectations | |
| <input type="checkbox"/> No time to yourself | |

* Assign one point for each item you checked above*

Relationships:

- I engage in social activities:
 - At least once per week 0 pts
 - Fewer than once per week 1 pt
 - Once per month 2 pts
 - Rarely 3 pts

Marriage/significant other:

- I am happy being single/married/in a committed relationship 0 pts
- I am unhappy being single/married/in a committed relationship 2 pts

Friends:

- I have supportive friends 0 pts
- My friends could be more supportive 1pt
- My friends are not supportive 2pts
- I need to make new friends 3pts

Job/Career:

- I like my job 0 pts
- I like only parts of my job 1pt
- I wish I had a different job 2pts
- I wish I had a different career 3pts

Personal:

- I like myself 0 pts
- I like some aspects of myself 1pt
- I need to make major improvements in myself 2pts
- I don't like myself 3pts

Outlook:

- I am very optimistic 0 pts
- I am usually optimistic 1pt
- I often feel pessimistic 2pts
- I tend to be pessimistic 3pts

Exercise:

- Number of days you work out:
 - 5 or more days/week 0 pts
 - 4-2 days/week 1pt
 - Maybe 1/week 2pts
 - Never 3pts

Length of each workout

- 45 minutes or longer 0 pts
- 30-40 minutes 1pt
- 20-30 minutes 2pts
- Less than 20 minutes 3pts

I do weight training:

- 2 or more times per week 0 pts
- 1 time per week 1pt
- A couple times per month 2pts
- Rarely 3pts

PART I SUBTOTAL _____

Assign 3 points for every item checked below:

- _____ Do you often wake up feeling tired?
- _____ Do you regularly experience fatigue during the day?
- _____ Do you suffer from frequent headaches or migraines?
- _____ Are you more than 10 pounds overweight?
- _____ Does your weight fluctuate often?
- _____ Do you experience lack of mental clarity or memory loss?
- _____ Do you have problems with digestion?
- _____ Do you have asthma?
- _____ Do you have allergies?
- _____ Do you frequently get colds, sinus congestion or flu-like symptoms?
- _____ Do you experience bouts of depression or anxiety?
- _____ Do you have arthritis?
- _____ Do you suffer from any autoimmune disorders?
- _____ Do your joints hurt?
- _____ Do you have trouble going to sleep or sleeping through the nights?
- _____ Do you frequently experience food cravings?
- _____ Do you frequently eat when you are not hungry?
- _____ Do you often feel stressed out?
- _____ Do you ever feel bloated or uncomfortable after eating?
- _____ Are you regularly taking over the counter medications?
- _____ Do you take pharmaceutical drugs?

PART II SUBTOTAL _____

PARTS I & II TOTAL _____

Scoring System:

under 20 points

You are doing a great job. Of course it would be best if you scored no points, but no one is perfect! Keep working at maintaining dietary excellence and optimal habits.

21-35 points

Although you are doing a lot of the right things, your risk of developing degenerative diseases is elevated and there is room for improvement

36-50 points

Your diet at lifestyle are in need of improvement in order to reduce your risk of diseases like cardiovascular disease, cancer, and diabetes. Best to start now!

51-65 points

Immediate changes are needed, as your risk is quite high.

66 or higher

You are in the highest risk category for developing conditions associated with poor diet and lifestyle