



HEALTH RISK ASSESSMENT (HRS) QUESTIONNAIRE

The Health Risk Assessment (HRA) questionnaire provides participants with an evaluation of their current health and quality of life. The assessment promotes health awareness by reviewing participants' lifestyle practices and highlighting health issues that could be impacted by personal choices.

This survey can be used to assess your health risk factors. It can be filled out in collaboration with your doctor or other health professional.

Adapted from:

Morris E, Unwin N, Ali E, Brathwaite-Graham L, Samuels TA. Chronic non-communicable disease risk factor survey 2010 among University of the West Indies staff at Cave Hill, Barbados. **West Indian Med J.** 2011 Jul; 60(4):452-8.

STEP 1: RISK FACTOR QUESTIONNAIRE

Part I: SOCIO-DEMOGRAPHIC

| | |
|---|--|
| 1.1 What is your sex ? | 1) Male 2) Female |
| 1.2 How would you describe yourself? | 1) Black or African 2) Indian or Asian 3) Mixed race 4) White 5) Other (specify) _____ 9) Don't know/Not sure |
| 1.3 What is your month and year of birth ? | □□ / □□□□ MM /YYYY |
| 1.4 Circle your Age Range? | < 25 Years 25-29 years 30-34 years 35-39 years 40-44 years 45-49 years 50-55 years >55 years |

Part 2: TOBACCO AND ALCOHOL

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|---|--|
| 2.1 Do you now smoke cigarettes every day, some days, or not at all ? | 1) Every day 2) Some days 3) Not at all (Skip to question 2.3) 9) Don't know /Not sure |
| 2.2 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? | 1) Yes 2) No 9) Don't know /Not sure |
| 2.3 During the past 30 days, did someone smoke in closed areas in your workplace (in the building, in a work area or a specific office)? | 1) Yes 2) No 3) Don't work in a closed area 9) Don't know /Not sure |
| <i>The next questions are about drinking alcohol, including beer, wine, spirits and any other alcoholic drink</i> | |
| 2.4 During the past 30 days, on how many days did you have at least one alcoholic drink | Number __ __ [00-30 days] --If 0, skip to question 3.1 88) Don't know /Not sure |
| FOR MEN ONLY 2.5 During the past 30 days, how many days did you have five or more standard alcoholic drinks in a single drinking occasion? | Number of times __ __ [00-30 days] 88) Don't know /Not sure |
| FOR WOMEN ONLY 2.6 During the past 30 days, how many days did you have four or more standard alcoholic drinks in a single drinking occasion? | Number of times __ __ [00-30 days] 88) Don't know /Not sure |

Part 3: DIET

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|---|--|
| <p>3.1 On average, how many meals per week do you eat that were not prepared at a home? (Meals are breakfast, lunch and dinner) 3 meals / day, 7 days / week = 21 total</p> | <p>Number __ __ [00-21 meals] 99) Don't know /Not sure</p> |
| <p>3.2 Do you usually add salt to your meals at the table?</p> | <p>0) No 1) Yes 9) Don't know /Not sure</p> |
| <p>3.3 During the past 30 days, how many times per day did you usually eat fruit (one serving is the size of your fist)</p> | <p>0) I did not eat any fruits in the past 30 days 1) 1 time per day or less 2) 2 times per day 3) 3 times per day 4) 4 times per day 5) 5 or more times per day 9) Don't know /Not sure</p> |
| <p>3.4 During the past 30 days, how many times per day did you usually eat vegetables? (one serving is the size of your fist)</p> | <p>0) I did not eat any vegetables in the past 30 days 1) 1 time per day or less 2) 2 times per day 3) 3 times per day 4) 4 times per day 5) 5 or more times per day 9) Don't know /Not sure</p> |
| <p>3.5 During the past 30 days, how many times per day did you usually eat foods high in fat, such as doubles, roti, French fries or fried chicken</p> | <p>0) I did not eat foods high in fat 1) 1 time per day or less 2) 2 times per day 3) 3 times per day 4) 4 times per day 5) 5 or more times per day 9) Don't know /Not sure</p> |

PART 4: PHYSICAL ACTIVITY

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| 4.1 In general, how physically fit would you say you are? | <ul style="list-style-type: none"> 1) Very fit 2) Fit 3) Partly fit 4) Not fit 9) Don't know /Not sure |
| 4.2 When you consider your body weight , do you consider yourself to be: | <ul style="list-style-type: none"> 1) A lot underweight 2) Underweight 3) The right weight 4) A little overweight 5) A lot overweight 9) Don't know/Not sure |
| 4.3 How much time do you spend during a typical or usual day sitting , for example, sitting at work, watching television or playing computer games? | <ul style="list-style-type: none"> 1) Less than 1 hour per day 2) 1 to 2 hours per day 3) 3 to 4 hours per day 4) 5 to 6 hours per day 5) 7 to 8 hours per day 6) More than 8 hours per day 9) Don't know /Not sure |
| 4.4 Which form of transport have you used most often in the last 4 weeks | <ul style="list-style-type: none"> 1) Car / motor vehicle 2) Motor-Cycle 3) Bicycle 4) Public transport 5) Walk 9) Don't know / Not sure |

PART 5: INJURY

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|---|--|
| 5.1 In the past 30 days, how often did you use a seat belt when you were the driver or passenger of a motor vehicle? | <ul style="list-style-type: none"> 1) All of the time 2) Sometimes 3) Never 4) Have not been in a vehicle in past 30 days 5) No seat belt in the car I usually am in 9) Don't Know / Not sure |
| 5.2 In the past 30 days, how often did you wear a helmet when you drove or rode as a passenger on a motorcycle or motor-scooter? | <ul style="list-style-type: none"> 1) All of the time 2) Sometimes 3) Never 4) Have not been on a motorcycle or motor-scooter in past 30 days 5) Do not have a helmet 9) Don't Know / Not sure |
| 5.3 In the past 12 months, have you been involved in a road traffic crash as a driver, passenger, pedestrian, or cyclist? | <ul style="list-style-type: none"> 1) Yes (as driver) 2) Yes (as passenger) 3) Yes (as pedestrian) 4) Yes (as a cyclist) 5) No - Skip to 6.1 9) Don't Know / Not sure - Skip to 6.1 |
| 5.4 Did you have any injuries in this road traffic crash which required medical attention ? | <ul style="list-style-type: none"> 1) Yes 2) No 9) Don't Know / Not sure |

PART 6: HEALTH & ILLNESS

| | | | |
|---|---|----|----------------------|
| 6.1 All things considered, how satisfied are you with your life as a whole? | 1) Very satisfied 2) Moderately satisfied 3) No feelings either way 4) Moderately dissatisfied 5) Very dissatisfied 9) Don't know/Not sure | | |
| 6.2 In general, would you say that your health is | 1) Excellent 2) Very good 3) Good 4) Fair 5) Poor 9) Don't know/Not sure | | |
| 6.3 Do you have one person you think of as your personal doctor or health care provider? | 0) No 1) Yes, only one 2) More than one 9) Don't know /Not sure | | |
| 6.4 How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists | 0) Never -- Skip to question 6.6 1) Within the past year (less than 12 months ago) 2) Within the past 2 years (1 to 2 years ago) 3) Within the past 5 years (2 to 5 years ago) 4) 5 or more years ago 9) Don't know /Not sure | | |
| 6.5 How long has it been since you had your teeth cleaned by a dentist or dental hygienist? | 0) Never 1) Within the past year (less than 12 months ago) 2) Within the past 2 years (1 to 2 years ago) 3) Within the past 5 years (2 to 5 years ago) 4) 5 or more years ago 9) Don't know /Not sure | | |
| Has a doctor or other health professional ever told you that you have (had) | | | |
| | Yes | No | Don't know /Not sure |
| 6.6 Hypertension, also called high blood pressure | 1 | 2 | 9 |
| 6.7 Diabetes or sugar | 1 | 2 | 9 |
| 6.8 High blood cholesterol | 1 | 2 | 9 |
| 6.9 Heart attack or myocardial infarction | 1 | 2 | 9 |
| 6.10 Angina (pain in the chest when you exert yourself) | 1 | 2 | 9 |
| 6.11 Kidney disease | 1 | 2 | 9 |
| 6.12 Stroke or mini-stroke | 1 | 2 | 9 |
| 6.13 Sickle cell anemia | 1 | 2 | 9 |
| 6.14 Asthma | 1 | 2 | 9 |
| 6.15 COPD or emphysema | 1 | 2 | 9 |
| 6.16 Bronchitis | 1 | 2 | 9 |
| 6.17 Heart failure | 1 | 2 | 9 |
| 6.18 Allergies | 1 | 2 | 9 |

| PART 6: HEALTH & ILLNESS (cont'd) | |
|--|---|
| 6.19 If "yes" to any of the chronic diseases above, have you been prescribed medication that you should take every day ? | 1) Yes 2) No 9) Don't know /Not sure |
| 6.20 In the past 7 days, how many days did you take your medication as prescribed? | 0 1 2 3 4 5 6 7 9) Don't know/Not sure |
| 6.21 In the past 12 months , how many days have you taken off from work because you were sick? | ___ ___ days off for illness 99) Don't know/Not sure |
| 6.22 In the past 12 months , how many times have you had to be taken to an emergency service , like the Accident and Emergency room of a hospital, or any private emergency service? | ___ ___ emergency visits 99) Don't know/Not sure |

PART 7: STRESS AND EMOTIONAL HEALTH

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|--|---|
| 7.1 On average, how many hours of sleep do you get in a 24 hour period? | _____ hours 99) Don't know/Not sure |
| 7.2 Do you snore ? | 1) Yes 2) No 9) Don't know/Not sure |
| 7.3 Overall in the last 30 days, how much of a problem did you have with sleeping , such as falling asleep, waking up frequently during the night or waking up too early in the morning?" | 1) None 2) Mild 3) Moderate 4) Severe 5) Extreme/cannot sleep 9) Don't know/Not sure |

| <i>For each of these statements, please indicate how often you felt this way during the past week?</i> | Rarely (<1day) | Some/ little (1-2 days) | Much (3-4 days) | Most (5-7 days) | Don't know |
|--|--------------------------|--------------------------------|------------------------|------------------------|-------------------|
| 8.1 I was bothered by things that usually don't bother me | 1 | 2 | 3 | 4 | 9 |
| 8.2 I had trouble keeping my mind on what I was doing | 1 | 2 | 3 | 4 | 9 |
| 8.3 I felt that everything I did was an effort | 1 | 2 | 3 | 4 | 9 |
| 8.4 I felt depressed | 1 | 2 | 3 | 4 | 9 |
| 8.5 I felt hopeful about the future | 1 | 2 | 3 | 4 | 9 |
| 8.6 I felt fearful | 1 | 2 | 3 | 4 | 9 |
| 8.7 My sleep was restless | 1 | 2 | 3 | 4 | 9 |
| 8.8 I was happy | 1 | 2 | 3 | 4 | 9 |
| 8.9 I felt lonely | 1 | 2 | 3 | 4 | 9 |
| 8.10 I could not get going | 1 | 2 | 3 | 4 | 9 |

QUESTIONS FOR FITNESS TESTING

| | Yes | No | Don't know/ Not sure |
|--|------------|-----------|-----------------------------|
| Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? | 1 | 2 | 9 |
| Do you feel pain in your chest when you do physical activity? | 1 | 2 | 9 |
| In the past month, have you had chest pain when you were not doing physical activity? | 1 | 2 | 9 |
| Do you lose your balance because of dizziness or do you ever lose consciousness? | 1 | 2 | 9 |
| Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? | 1 | 2 | 9 |
| Do you have a bone or joint problem that could be made worse by a change in your physical activity? | 1 | 2 | 9 |
| Do you know of any other reason why you should not do physical activity? | 1 | 2 | 9 |
| Do you exercise every week? | 1 | 2 | 9 |

STEP 5: PHYSICAL MEASUREMENTS

NOTE:
Your doctor or other health professional can assist you with these measurements

Systolic blood pressure1 [sys_bp1] _____ mmHg

Pulse _____

Diastolic blood pressure1 [diast_bp1] _____ mmHg

Systolic blood pressure2 [sys_bp2] _____ mmHg

Pulse _____

Diastolic blood pressure2 [diast_bp2] _____ mmHg

Systolic blood pressure3 [sys_bp3] _____ mmHg

Diastolic blood pressure3 [diast_bp3] _____ mmHg

Height [height] _____ft _____ inches

Weight [weight] _____ lbs

BMI= _____

Obese 3 Obese 2 Obese 1
Overweight Normal Underweight