Health Risk Appraisal

Prepared by Dr. David C. Nieman, Professor, College of Health Sciences, Appalachian State University, Director of the Human Performance Lab, North Carolina Research Campus

YOUR ID Number _____ : A long, high-quality life is not a gift but rather the reward of wise lifestyle choices. While some people may live long because this "runs in the family," the vitality, fitness, and health they enjoy during the final years of their life are heavily dependent on personal health habits. This self-test will help you understand just how closely you adhere to a wide variety of recommended health practices. The choices you make now to improve your personal health habits will have much to do with the quality of the rest of your life. *Directions:* Circle one number at the far right of each category that best represents your personal lifestyle. When finished, total all the numbers circled, and apply the result to the norms.

_____

1. Cigarette Smoking

A. Never smoked or quit more than one year ago	0
B. Current smoker, 1-10 cigarettes per day	9
C. Current smoker, 11-20 cigarettes per day	12
D. Current smoker, more than 20 cigarettes per day	15

2. Beverage Consumption (Alcohol, Soft Drinks, Water)

Alcohol: How many alcoholic drinks do you consume? (A "drink" is a glass of wine, wine cooler, bottle/can of beer, mixed drink). (Binge drinking is 4 drinks for women and 5 drinks for men consumed in about 2 hours).

MALES		FEMALES	
A. Never use alcohol	0	A. Never use alcohol	0
B. Less than once per week	0	B. Less than once per week	0
C. 1 to 6 times per week	2	C. 1 to 3 times per week	2
D. Once per day	4	D. 4 to 6 times per week	4
E. 2 or more per day and/or one binge drinking episode/month	8	E. 1 or more per day and/or one binge drinking episode/month	8

Soft drinks: How many servings (12 fl. oz. or one can) of soft drinks or sugar-sweetened beverages (e.g., energy drinks, sports drinks, sweetened juices) do you drink (do not include diet soft drinks or 100% fruit juices with no added sugar):

A. Never use	0
B. Less than once per week	1
C. 1 to 6 times per week	2
D. Once per day	3
E. 2 to 4 per day	4
F. More than 4 per day	6

Water: How many glasses (8 fl. oz.) of water or similar fluids do you drink per day?

A. More than 6 glasses per day	0
B. 4 to 6 glasses per day	1
C. Less than 3 per day	4

3. Diet

Note: Carefully note the portions sizes as you answer the questions. In addition, remember to include amounts used in cooking and mixed dishes. Respond to questions thinking of your food intake on a TYPICAL day.

Fruits and Vegetables (1/2 to 1 cup)
A. 5 or more servings each day	0
B. 2 to 4 servings each day	2
C. 1 or less servings each day	3

Grain products (breads, cereals, pasta, rice) 1 slice/1/2 cup
A. 6 or more servings each day, with HALF or more containing whole grains	0
B. 3 to 5 servings each day, with less than half containing whole grains	2
C. 2 or less servings each day, with less than half containing whole grains	3

Red meats (beef, pork, lamb, veal; not fish or poultry) 3 oz. (size of deck of cards)
A. Seldom or never use	0
B. Less than once per week	2
C. 1 to 4 per week	3
D. 5 to 6 per week	5
E. Daily	7

Cheeses (do not include cottage or low-fat cheese), 1 oz. (slice)
A. Seldom or never use	0
B. Less than once per day	1
C. More than once per day	2

Whole milk (not low-fat/skim), 1 cup
A. Seldom or never use	0
B. Less than once per day	1
C. More than once per day	2

4. Exercise/Fitness

During the previous month, how many minutes PER WEEK (on average) did you engage in exercise (outside your regular job) which moderately or vigorously increased your breathing and heart rate such as in brisk walking, cycling, swimming, running/jogging, aerobic dance, basketball, racquetball, calisthenics, weight lifting, vigorous manual labor, etc.?
A. less than 50 minutes per week	10
B. 50 to 99 minutes per week	8
C. 100 to 149 minutes per week	6
D. 150 to 300 minutes per week (e.g., 30 to 60 minutes, 5 days per week)	4
E. more than 300 minutes per week (e.g., more than 60 minutes, 5 days per week)	0

During the previous month, how many hours PER WEEKDAY (on average) did you spend sitting?
A. less than 4 hours per weekday	0
B. 4 to 5.9 hours per weekday	1
C. 6 to 7.9 hours per weekday (average American sits 7.7 hours per day)	2
D. 8 or more hours per weekday	3

5. Healthy Weight

A. What is your height in inches? _____

B. What is your weight in pounds? _____

C. Your BMI (kg/m^2) is: _____

D. Your waist circumference (inches) _____

BMI Rating

Less than 25 (normal weight for height)	0
25 to 29.9 (overweight)	3
30 or higher (excess body fat or obesity)	8

* NOTE: some individuals have an elevated BMI due to higher than normal muscle mass. If you feel this applies to you, choose the next lower rating.

Waist circumference:

MALES		**FEMALES**	
Less than 40 inches	0	Less than 35 inches	0
40 inches and greater	2	35 inches and greater	2

6. Mental and Social Health

How have you been feeling in general during the past month?

A. In excellent spirits	0
B. In very good spirits	0
C. In good spirits mostly	1
D. I've been up and down in spirits a lot	1
E. In low spirits mostly	2
F. In very low spirits	3

How often do you get insufficient sleep so that you are unable to function efficiently?

A. Less than weekly	0
B. Usually one night per week	1
C. 2 or 3 nights per week	2
D. 4 or more nights per week	3

How would you describe the emotional stress you experience at home or as a student.

A. Experience average or low levels of stress	0
B. Experience much stress but am able to cope with it	1
C. Experience much stress and often feel unable to cope	3

How many friends, family, and relatives do you feel close to?
(People that you feel at ease with, can talk to about private matters, and call for help).

A. 10 or more	0
B. 5 to 9	1
C. 1 to 4	2
E. None	3

During the past year, would you say that you experienced enough stress,
strain, and pressure to have a significant effect on your health?
A. No   0
B. Yes   5

7. Personal Factors
Among your close relatives (parents, grandparents, aunts, uncles), how many
deaths from heart disease or cancer have occurred before age 60:
A. None   0
B. 1 close relative   2
C. 2 or more   5

When driving or riding in a car, do you wear a seat belt:
A. All or most of the time   0
B. Some of the time   2
C. Once in awhile   4
D. Rarely or never   6

In general, compared to other persons your age, rate how healthy you are:
 9 □   8 □   7□   6□   5□   4□   3□   2□   1□   0□
Not at all   **Somewhat**   **Extremely**
Healthy   **Healthy**   **Healthy**

What Does Your Score Mean?
Add up all the points circled.
Score Rating Explanation

0 to 12 Excellent, and Congratulations!
You have a strong lifestyle, with a reduced risk for future disease. Life expectancy may be increased 6 to 12 years.

12 to 20 Very Good
You are only one or two lifestyle habits away from earning an excellent rating.

21 to 30 Fair
Due to several less than optimal health practices in a variety of areas, your point total has reached an undesirable level. Lifestyle improvement is needed.

31 to 59 Poor
Your health practices are poor, and your future risk of disease and early death is high. A serious effort at lifestyle habit improvement is needed.

60-110 Very Poor
Very poor lifestyle habits, with an unusually high risk of early death from disease.