



East Cary Family Physicians

103 Parkway Office Office (919) 200-6587 Gunjan Nigam, MD
Ste. 104 Fax (855) 653-2362
Carv. NC 27518

Patient's first name:	Patient's last name:	Patient date of birth: / /
-----------------------	----------------------	-------------------------------

Health Risk Assessment

Date: / /

- During the past four weeks, how would you rate your health in general?
 - Excellent.
 - Good.
 - Fair.
 - Poor.
- How have things been going for you during the past four weeks?
 - Very well.
 - Pretty well.
 - Fair.
 - Pretty bad.
 - Very bad.
- During the past four weeks, how much have you been bothered by emotional problems such as feeling anxious, depressed, irritable, sad, or downhearted and blue?
 - Not at all.
 - Slightly.
 - Moderately.
 - Quite a lot.
 - Extremely.
- During the past four weeks, has your physical and emotional health limited your social activities with family friends, neighbors, or groups?
 - Not at all.
 - Slightly
 - Moderately.
 - Quite a bit.
 - Extremely.
- During the past four weeks, how much bodily pain have you generally had?
 - No pain.
 - Mild pain.
 - Moderate pain
 - Severe pain
- During the past four weeks, was someone available to help you if you needed and wanted help?
 - I have not needed any help.
 - Yes, as much as I wanted.
 - Yes, sometimes.
 - No, not at all.
- During the past four weeks, what was the hardest physical activity you could do for at least two minutes?
 - Heavy.
 - Moderate.
 - Light.
 - Very light.
- Can you get to places out of walking distance without help? (For example, can you travel alone on buses or taxis, or drive your own car?)
 - Yes.
 - No.
- Can you go shopping for groceries or clothes without someone's help?
 - Yes.
 - No.
- Can you prepare your own meals?
 - Yes.
 - No.
- Can you do your housework without help?
 - Yes.
 - No.
- Are you able to manage all of your personal care needs such as eating, bathing, dressing, or getting around the house without help?
 - Yes.
 - No.

(continued on reverse)



East Cary Family Physicians

103 Parkway Office Office (919) 200-6587 Gunjan Nigam, MD
Ste. 104 Fax (855) 653-2362
Carv. NC 27518

13. Can you handle your own money without help?
 Yes.
 No.
14. Do you manage driving your car well?
 Yes – I drive well.
 Yes – but I have some difficulties.
 No.
15. Do you always fasten your seat belt when you are in a car?
 Yes.
 No.
16. During the past four weeks, have you been bothered by falling or dizzy when standing up?
 No.
 Yes.
17. During the past four weeks, have you been bothered by trouble eating well?
 No.
 Yes.
18. During the past four weeks, have you been bothered by teeth or denture problems?
 No.
 Yes.
19. During the past four weeks, have you been bothered by problems using the telephone?
 No.
 Yes.
20. During the past four weeks, have you been bothered by tiredness or fatigue?
 No.
 Yes.
21. Have you fallen two or more times in the past year?
 No.
 Yes.
22. Are you afraid of falling?
 No.
 Yes.
23. Are you a smoker?
 No.
 Yes.
24. During the past four weeks, how many drinks of wine, beer, or other alcoholic beverages did you have?
 I do not drink any alcohol.
 0-1 drinks or less per week.
 2-5 drinks per week.
 6-9 drinks per week.
 10 or more drinks per week.
25. Do you exercise for about 20 minutes three or more days a week?
 Yes.
 No.
26. Have you been given any information to help you with the following: Hazards in your house that might hurt you?
 Yes.
 I do not need this.
 No.
27. Have you been given any information to help you with the following: Keeping track of your medications?
 Yes.
 I do not need this.
 No.
28. How often do you have trouble taking medicines the way you have been told to take them?
 I do not have to take medicine.
 I always take them as prescribed.
 Sometimes I take them as prescribed.
 I seldom take them as prescribed.
29. How confident are you that you can control and manage most of your health problems?
 Very confident.
 Somewhat confident.
 Not very confident.