

Health Risk Assessment (HRA)

Demographics:

Name:

Date of Birth:

Address:

Health Plan ID number:

Section 1: Demographics & General Health

1. What is your age?

- 0–17
- 18–44
- 45–64
- 65+

2. In general, how would you rate your health?

- Excellent
- Good
- Fair
- Poor

3. Do you have a regular primary care provider?

- Yes
- No

Section 2: Medical History

4. Have you ever been diagnosed with any of the following chronic conditions? (Check all that apply)

- Diabetes
- Heart Disease
- Hypertension
- Asthma/COPD
- Cancer
- None

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5. In the past 12 months, how many times have you visited the emergency room?

- 0
- 1–2
- 3 or more

6. In the past 12 months, have you been admitted to the hospital overnight?

- No
- Yes, 1 time
- Yes, 2 or more times

Section 3: Behavioral Health

7. In the last two weeks, how often have you felt significant stress in your work or home life?

- Not at all
- Several days
- More than half the days
- Nearly every day

8. In the last two weeks, how often have you felt nervous, anxious, or on edge?

- Not at all
- Several days
- More than half the days
- Nearly every day

9. Do you currently use tobacco, alcohol, or other substances?

- No
- Yes, occasionally
- Yes, daily

Section 4: Lifestyle & Preventive Health

10. How many days per week do you engage in physical activity (at least 30 minutes)?

- 5–7 days
- 2–4 days
- 0–1 day

11. How often do you eat fruits and vegetables?

- Every day
- A few times a week
- Rarely/Never

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12. Are you up to date on preventive screenings (e.g., mammogram, colonoscopy, annual physical)?

- Yes
- No / Not sure

Section 5: Social Determinants of Health (SDOH)

13. In the past 12 months, have you worried about having enough food for yourself or your family?

- Never
- Sometimes
- Often

14. Do you currently have stable housing?

- Yes
- At risk of losing housing
- Homeless

15. Do you have reliable transportation to get to medical appointments?

- Yes
- Sometimes
- No

16. Do you feel safe in your home environment?

- Yes
- Sometimes
- No

Section 6: Readiness to Change

17. How ready are you to make changes to improve your health (exercise, diet, quitting smoking, etc.)?

- Very ready
- Somewhat ready
- Not ready

Send Completed Form to:

- **Fax:** (858) 260-5834
- **Mail:** 10790 Rancho Bernardo Road, Attn: Case Management 4S-300, San Diego, CA 92127