

# Adapting a Health Risk Assessment (HRA) for Chronic Care Patients



## What's missing from your HRA?

HRAs are widely used to assess an individual's quality of life and current health status. When conducted over time, HRAs can provide a profile of a person's lifestyle choices and how those decisions may impact his or her health status.<sup>1</sup>

Typical questions addressed in an HRA focus on a person's medical history, prescribed medications, and health and safety habits, including nutritional habits, alcohol consumption, and use of safety equipment such as seatbelts.<sup>2</sup> At the same time, there may be some topics that impact a person's risk for chronic diseases that are overlooked in HRAs. Assessing a person's sleep patterns, stress management, general well-being, and other important concerns is particularly important in ascertaining a person's risk for and management of chronic conditions.

Below are some suggested questions you may want to ask to supplement the HRA you are currently using.

### GENERAL

- Do you keep a list of all the prescription and over-the-counter medications you are taking?<sup>3</sup>  
 Yes                       No

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- Have you visited a doctor's office or clinic in the last 12 months?  
 Yes                       No  
 – If no, when was the last time you had a general health screening, physical exam, or preventive services such as...<sup>1</sup>
  - Colon cancer screening    ◦ Blood pressure    ◦ Cholesterol    ◦ Mammogram    ◦ Prostate exam

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- Did you have your flu shot this year?<sup>4</sup>  
 Yes                       No

### QUALITY

- How would you describe your overall quality of life?<sup>4</sup>  
 Excellent               Very Good               Good               Poor               Very Poor

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- Has your physical health ever made it hard for you to do your daily activities?<sup>5</sup>  
 Yes                       No

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## DEPRESSION

Please indicate how often you have experienced the following in the last 2 weeks<sup>6</sup>:

|   |                                     |                                       |   |
|---|-------------------------------------|---------------------------------------|---|
| Little interest or pleasure in doing things | <input type="checkbox"/> Not at all | <input type="checkbox"/> Several days | <input type="checkbox"/> Nearly every day |
| Feeling down, depressed, or hopeless        | <input type="checkbox"/> Not at all | <input type="checkbox"/> Several days | <input type="checkbox"/> Nearly every day |
| Feeling bad about yourself                  | <input type="checkbox"/> Not at all | <input type="checkbox"/> Several days | <input type="checkbox"/> Nearly every day |
| Trouble concentrating                       | <input type="checkbox"/> Not at all | <input type="checkbox"/> Several days | <input type="checkbox"/> Nearly every day |
| Thoughts about hurting yourself             | <input type="checkbox"/> Not at all | <input type="checkbox"/> Several days | <input type="checkbox"/> Nearly every day |

## SLEEP

- How many hours of sleep do you usually get at night?<sup>4</sup>  
 5 hours or less     6 hours     7 hours     8 hours     9 hours or more
- Do you feel as if you get enough sleep at night?<sup>7</sup>     Yes     No
- Do you feel as if you sleep too much?<sup>6</sup>     Yes     No
- Do you have trouble falling or staying asleep?<sup>6</sup>     Yes     No
- Do you take any over-the-counter or prescription medicine to help you sleep?<sup>7</sup>  
 Yes     No

## CIGARETTE SMOKING/TOBACCO USE<sup>4</sup>

- How would you describe your smoking habit?  
 Used to smoke     Still smoking     Never smoked
- If you are a smoker, what do you smoke? (Check all that apply.)  
 Cigarettes     Pipes     Cigars     Do not smoke, but use smokeless tobacco
- If you are a cigarette smoker, how many cigarettes do you smoke per day?  
 <10     10-20     >20
- Are you trying to quit?     Yes     No  
– If yes, what methods are you using?
- Are you exposed to secondhand smoke on a regular basis?     Yes     No

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## DRUG USE<sup>8</sup>

- Have you ever used drugs other than those required for medical reasons?  
 Yes                       No
- Have you ever used prescription drugs for reasons other than for what they were prescribed?  
 Yes                       No

## FOLLOW-UP

- Are you planning on making any changes to improve your health?<sup>4</sup>  
 Yes                       No
- Would you like to receive follow-up information to help you enhance your health?<sup>4</sup>  
 Yes                       No
- Do you have support services available to you? Contact your health plan for more information about such services.  
 Yes                       No



Validated HRA instruments that may be of interest to you can be found through the following organizations:

- University of Michigan Health Management Service  
<http://www.hmrc.umich.edu/content.asp?pageid=19&fname=hra.txt>
- Wellsource—<http://www.wellsource.com/home.html>
- RealAge—<http://www.realage.com/>

### References

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