







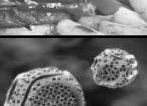







Name:

# Lifestyle Risk Assessment

Date:

Health Risk Factors: Qualifying Criteria = 1 Point		Score	Notes
	<b>1. Gender &amp; Age</b> Male $\geq 45$ or Female $\geq 55$		Gender:____ Age:____.____ yrs.mos DoB:_____
	<b>2. Tobacco Use</b> Currently use tobacco or quit < 6 months ago		Started:_____ Quit:_____ Total:____yrs Average:____ppd
	<b>3. Obesity</b> BMI > 27 or Body Fat > 20% M, > 25% F or Waist Circumference $\geq 40$ " M, $\geq 35$ " F		BMI:_____ %BF:_____ Waist Circumference: _____ inches
	<b>4. Inactivity</b> Exercise < 150 minutes/week (<30 min/day on 3+ days/week)		Sun:____ Mon:____ Tue:____ Wed:____ Thu:____ Fri:____ Sat:____
	<b>5. Family History</b> + History of Heart Disease (MI, CABG, Angina) in 1 <sup>o</sup> Male < 55 or 1 <sup>o</sup> Female < 65		Father:____ Mother:____ Brother:____ Sister:____
	<b>6. Blood Pressure</b> Systolic BP $\geq 140$ , or Diastolic BP $\geq 90$ or on <b>Medication</b> for Blood Pressure		BP1:_____ / _____ BP2:_____ / _____
	<b>7. Blood Sugar</b> Glucose Test: Fasting $\geq 100$ , or Random $\geq 200$ or on <b>Medication</b> for Blood Sugar		Date:_____ Result:_____ Method:_____ F R
	<b>8a. Bad Cholesterol</b> Total $\geq 200$ , or LDL $\geq 130$ , or HDL < 40 or on <b>Medication</b> for Cholesterol		Date:_____ Results: TC:_____ LDL:_____
	<b>8b. Good Cholesterol</b> HDL Cholesterol $\geq 60$ <b>Protective Risk Factor = -1</b>		HDL:_____ Triglycerides:_____ Method:_____ F R
	<b>9. Stress &amp; Anxiety</b> Sleep < 7 hrs/night or Work > 12 hrs/day, or Work > 6 days/week, or on <b>Medication</b>		Sleep: _____ hours/night Work: _____ hours/day. Work: _____ days/week
	<b>10. Alcohol Use</b> Daily Drinking > 2/day M, > 1/day F, or Binge Drinking > 6 M, > 3 F in < 3 hours or elevated <b>Liver Enzymes</b> (ALT & AST)		Sun:____ Mon:____ Tue:____ Wed:____ Thu:____ Fri:____ Sat:____
	<b>11. Chronic Pain</b> Experience daily or frequent pain that affects your mood, sleep, concentration, work, or activities of daily living or on <b>Medication</b> for Pain		0- 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 M:____ A:____ E:____ N:____
	<b>12. Depression</b> Spend < 2 hrs/day in a very + mood, or < 20 hrs/week doing enjoyable activities, or on <b>Medication</b> for Depression		Do for fun? _____ Frequency:_____
	<b>Total Score = Risk Level</b>		<b>0 - 2 = Low Health Risk</b> <b>3 - 5 = Moderate Health Risk</b> <b>6-12 = High Health Risk</b>


**Personal OptiHealth TLC Program Recommendations:**