

**BIO | ANALOGICS®**  
**HEALTH MANAGEMENT SYSTEM**  
**HEALTH RISK APPRAISAL MODULE**

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# **HEALTH MANAGEMENT SYSTEM**

## **HEALTH RISK APPRAISAL MODULE**

### **1.0 Program Module Installation**

#### **1.1 Installing the HRA with the System Module**

Once the HMS program is installed, the system will automatically prompt you to install the system modules you have purchased. To install the modules, simply select the next button. You will be prompted to select your disk drive (A: or B:). Once you have input the proper selection, select the next button and the module will automatically install. You may load as many modules as you have at this time.

#### **1.2 Installing the HRA Module at a Later Date**

If you choose to load a module at another time, simply select the Module option from the task bar at the top of the screen and choose to Install a new module. You will be prompted to select your disk drive (A: or B:). Once you have input the proper selection, select the next button and the module will automatically install.

You should now review the following documentation for HEALTH RISK APPRAISAL module.

### **2.0 Program Overview**

As with all modules associated with the HMS program, before you can use the HEALTH RISK APPRAISAL module, you must first either input information for a new client or recall an existing client.

Once you have selected a client, select the HEALTH RISK APPRAISAL program from the speed bar.

You will now begin the client data input portion of the program. Note that an abbreviated copy of the lifestyle questionnaire will prompt you to input the appropriate client data. Please review some of the system features.

#### **2.1 Auto Advance**

This feature will automatically take you to the next input for the client information once the current response has been input. If this option is not selected, you will be required to manually advance to the next input by using the mouse to advance with the >> symbol.

## **2.2 Status Bar**

Each input is numbered from 1 to 46. The current input status is prompted for you. You may move from field to field by selecting the << prompt to go back and the >> prompt to move forward.

## **2.3 Preview**

This option will allow you to review the results of the HRA report on the screen prior to printing a patient report.

## **2.4 More Information**

This option provides you with a variety of information about the program. Data and information about each of the profiles on the report are detailed in this option.

## **2.5 Data Input**

### **2.5.1 Lifestyle Questionnaire**

An important component of the HRA report is the lifestyle analysis questionnaire. Note that a sample of the questionnaire is located in section three of this manual. You may reproduce copies for your use. Once the client has completed the questionnaire you will be required to input each response into the program. Simply right mouse click on the appropriate response for each question. To omit a question, bypass the input with the >> selection on the task bar.

### **2.5.2 Physiological Data**

The physiological data includes a lipid panel and blood pressure data. As with the lifestyle questionnaire, all of the data requested is optional. To omit any option, simple select the >> option from the task bar.

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## PERSONAL HEALTH RISK ANALYSIS LIFESTYLE QUESTIONNAIRE

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE OF ANALYSIS

\_\_\_\_\_  
NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

(\_\_\_\_)\_\_\_\_\_  
HOME PHONE

(\_\_\_\_)\_\_\_\_\_  
WORK PHONE

\_\_\_\_\_  
AGE

M  F   
SEX

**\*\*\* DO NOT COMPLETE THIS SECTION \*\*\***

HEIGHT \_\_\_\_\_

WEIGHT \_\_\_\_\_

IMPEDANCE \_\_\_\_\_

BODY FAT \_\_\_\_\_

CHOLESTEROL \_\_\_\_\_

TRIGLYCERIDES \_\_\_\_\_

HDL: \_\_\_\_\_

SYSTOLIC BP \_\_\_\_\_

DIASTOLIC BP \_\_\_\_\_

HEART RATE \_\_\_\_\_

**How To Complete the Questionnaire.**

The information you supply in the following *Health Risk Analysis* questionnaire will be used to develop a profile of your current risk status for coronary heart disease, cancer and other lifestyle related concerns. All of the information you provide is strictly confidential. Honest and accurate answers will provide a meaningful health risk analysis report. You should read and understand each question thoroughly and then place an "X" in front of each appropriate response.

## Section A

### Non-Controllable Risk Factors

#### 1.0 Family history of Coronary Heart Disease occurring before 60 years old.

Indicate the number of members of your direct family who have died or been diagnosed with Coronary Heart Disease before the age of 60.

None       1 person       More than 1

#### 2.0 Family history of Coronary Heart Disease occurring after 60 years old.

Indicate the number of members of your direct family who have died or been diagnosed with Coronary Heart Disease after the age of 60.

None       1 person       More than 1

#### 3.0 Family history of Diabetes.

Indicate the number of members of your direct family who have been diagnosed with diabetes.

None       1 person       More than 1

#### 4.0 Family history of Strokes or Cerebral Vascular Disease.

Indicate the number of members of your direct family who have died or been diagnosed with Strokes or Cerebral Vascular Disease.

None       1 person       More than 1

#### 5.0 Personal history of cancer

Have you ever been diagnosed with any type of cancer?

No       Yes

#### 6.0 Personal history of heart disease

Have you ever been diagnosed with any form of heart disease?

No       Yes



## **Section B**

### **Personal Health History and Habits**

#### 7.0 Colon/Rectal Screening

If you are over the age of 40, do you have an annual colon/rectal screening?

- Yes                       No                       Not Applicable

#### 8.0 PAP Smear

If you are a female over the age of 18, do you have an annual PAP smear?

- Yes                       No                       Not Applicable

#### 9.0 Mammogram Screening

If you are a female over the age of 35, have you had a mammogram within the past 2 years?

- Yes                       No                       Not applicable

#### 10.0 Prostate screening

If you are a male over the age of 40, have you had a prostate screening within the past 2 years?

- Yes                       No                       Not applicable

#### 11.0 Routine Health Screening

How often do you see your physician for routine check-ups or health screenings?

- On an annual basis                       At least every 2 years  
 Not within the past 5 years                       Never

#### 12.0 Cancer Warning Signs

Indicate if you have any of the following cancer warning signs.

- Change in bowel or bladder habits  
 Chronic indigestion or difficulty in swallowing  
 Thickening or lump in breast or elsewhere  
 Unusual bleeding or discharge, a sore that does not heal  
 Change in freckle or mole  
 Persistent cough or sore throat  
 Unexplained weight loss  
 None



## Section C

### Alcohol/Caffeine/Tobacco Consumption

#### 13.0 Consumption of alcohol

How often do you consume alcohol?

- Never drink                       2 days or less per week  
 3 days per week                       4 or more days per week

#### 14.0 Number of alcoholic beverages

On the days you drink, on the average how many drinks do you have?

- Never drink                       1 to 2 drinks  
 3 to 4 drinks                       5 or more drinks

#### 15.0 Caffeine

How often do you consume caffeine in your diet including coffee, tea, cola or chocolate?

- Never  
 Occasionally but not every day  
 1 to 3 servings daily  
 3 to 5 servings daily  
 More than 5 servings daily

#### 16.0 Smoking status

Indicate which of the following best represents your current status

NOTE: Check all that apply.

- Have never smoked  
 Quit smoking less than 5 years ago  
 Quit smoking more than 5 years ago  
 Smoke pipe or cigar  
 Smoke less than 1 pack of cigarettes per day  
 Smoke more than 1 pack of cigarettes per day

#### 17.0 Smokeless Tobacco

Do you use smokeless tobacco?

- No  
 Yes



## **Section D**

### **Exercise Program**

#### 18.0 Exercise Frequency

On the average, how many days per week do you exercise?

- 3 or more days per week
- Less than 3 days per week
- No regular exercise program

#### 19.0 Proper stretching

Do you perform stretching prior to exercise?

- Always
- Sometimes
- Never
- Currently not exercising

#### 20.0 Warm-up and cool down

Do you warm-up and cool-down after exercising?

- Always
- Sometimes
- Never
- Currently not exercising





## **Section E**

### **Nutrition Habits**

#### 21.0 Daily Meals

On the average how many meals do you consume per day?

- 3 meals with "healthy" snacks       3 meals  
 2 meals or less       No regular eating pattern

#### 22.0 Consumption of grain/bread products

On the average, indicate the type and amount of grain products you normally consume per day.

**NOTE:** A serving is 1 sl. bread, 1/3 cup beans / peas, 1/3 cup oatmeal, rice or other grain products.

- Whole grains at least 6 to 11 servings per day  
 Whole grains 6 servings or less servings per day  
 Refined grains such as white bread/rolls/processed flour at least 6 to 11 servings per day  
 Refined grains such as white bread/rolls/processed flour 6 or less servings per day  
 Rarely consume grain products

#### 23.0 Consumption of vegetables

On the average, how many servings of vegetables do you consume per day? Note: A serving is approximately 1 cup of raw or 1/2 cup of cooked.

- At least 3 to 5 servings per day  
 Less than 3 servings per day  
 Rarely consume vegetables

#### 24.0 Consumption of fruits

On the average, how many servings of fruit do you consume per day? Note: A serving is approximately 1 piece of fruit.

- At least 2 to 4 servings per day  
 Less than 2 servings  
 Hardly ever consume fruit

#### 25.0 Daily consumption of dairy products

On the average, how many servings of dairy products do you consume per day. Note: A serving is approximately 1 cup of milk or 1 oz. of cheese.

- At least 2 servings per day  
 Less than 2 servings  
 Hardly ever consume dairy products

## 26.0 Type of Dairy products

Indicate the type of dairy products you consume.

- Nonfat selections only
- Both low fat and nonfat about the same
- Low fat only
- Usually high fat selections
- Do not consume dairy products

## 27.0 Daily consumption of meats and meat products

Indicate the type of meat you normally consume.

- Do not consume meat or meat products
- Less than 6 oz. of poultry or fish per day
- More than 6 oz. of poultry or fish per day
- Less than 6 oz. of red meat per day
- More than 6 oz. of red meat per day

## 28.0 Consumption of fats, dressings and spreads

Indicate the type and number of servings of fat, dressings and spreads you consume each day.

High fat examples: Butter, lard, margarine

Low fat examples: Non-fat or Low-fat salad dressing-mayonnaise-cheese

- Use low fat selections sparingly (less than 3 per day)
- Use low fat selections frequently (3 or more per day)
- Use both low fat and high fat about the same sparingly (3 or less)
- Use high fat selections sparingly (less than 3 per day)
- Use high fat selections (more than 3 per day)

## 29.0 Consumption of water

On the average, how many glasses of water do you consume per day? Note: A serving is one 8 oz. glass of water only; do not include coffee, soda or other beverages.

- At least 8 glasses per day
- About 4 to 8 glasses per day
- Less than 4 glasses per day
- Seldom consume water

## 30.0 Convenience and snack food consumption

On the average how many times per day do you eat convenience foods or forms of fast food?

- Never
- Less than 1 time per day
- More than 1 time per day



## **Section F**

### **Personal Health**

#### 31.0 Dental Check-up

Do you have an annual check-up with your Dentist?

- Yes                       No

#### 32.0 Oral Health

Do you have any abnormal bleeding in your gums or around your teeth?

- Yes                       No

#### 33.0 Eye Examination

How often do you see an eye specialist?

- Once per year                       Once every two years  
 Not within the last 2 years                       No regular exams

#### 34.0 Living Environment

Do you live or work in an environment which you consider to expose you to pollution, either air, water or from your food?

- No                       Yes

#### 35.0 Smoke Detector

Do you have at least one (1) working smoke detector for each floor of your home or apartment which you check on a monthly basis?

- Yes                       No

#### 36.0 Seat Belt Use

How often do you use your seat belt when either operating a motor vehicle or riding as a passenger?

- Always                       Sometimes                       Never

#### 37.0 Automobile Mileage

How many miles per month do you drive an automobile or ride as a passenger?

- Less than 1000                       Between 1001 to 1499  
 More than 1500 per month

#### 38.0 Automobile Maintenance

If you own an automobile, do you have regular maintenance performed such as checking the tires, oil etc.?

- Not applicable                       Yes                       No

#### 39.0 Fire Protection

Do you have a working fire extinguisher in your home?

- Yes                       No

