

Health Risk Appraisal (HRA) Tools

HRAs are used to perform NEEDS ASSESSMENTS = evaluate the health needs and interests of your command population. They can be short and focused on one health issue (i.e., depression, smoking) or long and comprehensive, as the HEAR Survey ([HEAR info](#)).

There are many HRAs available on the Internet, from NMCS D Health Promotion Dept, SURFPAC Medical and other organizations. See: [Module Part III RESOURCES](#).

The goal of any HRA is to identify health issues relevant to your command personnel so that your HP Program is useful and effective.

Following are examples of 4 [Health Risk Appraisal tools](#) :

HRA EXAMPLE #1 - From www.healthfinder.gov

Directly from the Internet, this **CLINICAL DEPRESSION SCREENING TEST** is an "Online checkup" focused on a single health issue – depression. Once completed on the Internet, it is analyzed. Results and analysis can be printed out. One example of use: advertise this website during "Depression Awareness" month with advice to follow-up in Medical with the printed results or administer as screening tool (to appropriate patients) during Medical appointment check-in if live web access is available.)



CLINICAL DEPRESSION SCREENING TEST (one "Online Checkup" at this site)

Taking a depression-screening test is one of the quickest and easiest ways to determine whether you are experiencing symptoms of clinical depression. The depression-screening test on this site is completely **anonymous** and **confidential**.

The depression-screening.org web site is NOT designed to respond to suicide crisis. If you believe you are at risk for suicide, dial "911" or go immediately to the nearest hospital Emergency Room for an evaluation. To locate a suicide crisis center in your area through the American Association of Suicidology web site, click [here](#). For additional information about suicide, click [here](#) for the American Foundation for Suicide Prevention web site.

healthfinder® is a free guide to reliable health information, developed by the U.S. Department of Health and Human Services. The site provides an easy-to-use, searchable index of carefully reviewed health information from over 1,800 government agencies, nonprofit organizations, and universities.

HRA EXAMPLE #2 - Live access to the Internet is required for this HRA Tool.

See the "**Health Mirror**" **computer-based Health Assessment Tool** from the Foundation Federal Health Services website (<http://fhfs.com>) on the "Healthy Living" page. It is a comprehensive, self-administered questionnaire that your crewmembers can directly access. Health issues investigated are:

NUTRITION	WELL-BEING
FITNESS	PERSONAL HEALTH HISTORY
ALCOHOL	FAMILY PLANNING
TOBACCO	PREGNANCY
BODY IMAGE	FAMILY HEALTH HISTORY
SAFETY	CANCER
CARDIOVASCULAR	MENOPAUSE
CANCER	HEALTH INTERESTS

- When the questionnaire is completed, results are analyzed and a “Report Summary” is generated. “Your Health Mirror Reflection” and “LifeScore” is drawn out, indicating a lifestyle that is “Healthy, Average, or Risky.”
- Extensive, customized education is relayed in every topic area based on the answers given to the questions.
- All of this educational information and a final report can be printed out by the participant as a reminder of their health risk status and for use by healthcare providers in counseling, reinforcing healthy lifestyle behaviors, or for further screening of high health risk areas.
- Data from multiple participants can be collected and analyzed to serve as a “needs assessment” for your population.

HRA EXAMPLE #3 – A simplified, mini-HEAR survey from NHJAX called “JAX 20 Questions” available for download on the web at:

<http://www-nehc.med.navy.mil/downloads/hp/JAX20Questions.pdf>

HRA EXAMPLE #4

A short, generic general health information survey asking specific personal and family health questions plus what areas of health participants are interested in learning more about.

Feel free to use this HRA or customize it as you wish.

Find this **HEALTH SCREENING TOOL** on the following 2 pages.

SECTION B (Circle desired response)

? Don't Know

- | | | | |
|---|---|-----|----|
| 1. Have you had a cholesterol test in the last 5 years? | ? | Yes | No |
| 2. Have you had a: Tetanus Shot in the last 10 years? | ? | Yes | No |
| Flu shot this year? | ? | Yes | No |
| Pneumovax this year? | ? | Yes | No |
| 3. Have you had a pap in the last year? (Females only) | ? | Yes | No |
| 4. Do you perform a self-breast exam monthly? | ? | Yes | No |
| 5. Have you had a mammogram within the last 2 years? (Females 40-49 yrs.) | ? | Yes | No |
| 6. Have you had a mammogram within the last year? (Females > 49 years) | ? | Yes | No |
| 7. Do you perform a testicular self-exam monthly? (Males only) | ? | Yes | No |
| 8. Have you had a prostate exam within the last 2 years? (Males only) | ? | Yes | No |
| 9. Have you had a Proctosigmoidoscopy within the last 5 years? | ? | Yes | No |
| 10. Have you had a dental exam within the past year? | ? | Yes | No |
| 11. Have you had an eye exam within the past 4 years? | ? | Yes | No |

I would like to have information on: (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Birth control | <input type="checkbox"/> Stress / Depression | <input type="checkbox"/> Exercise |
| <input type="checkbox"/> My medications | <input type="checkbox"/> Smoking Cessation | <input type="checkbox"/> Alcohol Cessation |
| <input type="checkbox"/> Cancer Prevention | <input type="checkbox"/> Safe Sex | <input type="checkbox"/> Adult Immunizations |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Infertility | <input type="checkbox"/> Self Care |
| <input type="checkbox"/> Nutrition / Diet | <input type="checkbox"/> Parenting | <input type="checkbox"/> Prevention of Sexually Transmitted Diseases |

To be Completed by Medical Officer: (Check all desired tests / interventions)

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> Cholesterol, Fasting/Screening | <input type="checkbox"/> Pap smear | <input type="checkbox"/> Mammogram |
| <input type="checkbox"/> Fasting Glucose | <input type="checkbox"/> FOBC | <input type="checkbox"/> Family Planning Education |
| <input type="checkbox"/> Flexible Sigmoidoscopy | <input type="checkbox"/> BP Checks | <input type="checkbox"/> Stress Management |
| <input type="checkbox"/> Diabetes Education | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Weight Management |
| <input type="checkbox"/> PPD Other: _____ | | |

Provide the following immunizations: Pick list: Tetanus; Hep B; Hep A; Typhoid; Yellow Fever; Pneumovax; Flu; Other _____

Consults for the following Clinics: _____

Other Orders: _____

Follow-up visit for approximately _____ weeks from today.

Signature: _____ **Printed Name:** _____

Patient Addressograph Information: