

# Personal Health Risk Assessment Form Sample

This **personal health risk assessment form** sample helps individuals identify potential health risks by evaluating lifestyle habits and medical history. It is designed to promote awareness and encourage proactive health management. Using this form can aid in early detection and prevention of health issues.

## Personal Information

Full Name:

Age:

Gender:  Select

## Lifestyle Habits

Do you smoke?  Yes  No

Do you consume alcohol?  Yes  No

Physical activity frequency:  None

Hours of sleep per night:

## Medical History

Do you have any chronic illnesses? (e.g., diabetes, hypertension)

Family history of medical conditions:

Have you had a health checkup in the last year?  Yes  No

## Nutrition

How many servings of fruits/vegetables do you eat per day?

Do you consume processed foods frequently?  Yes  No