

Lifestyle Health Risk Assessment Form

Our **Lifestyle health risk assessment form** sample helps individuals evaluate key factors affecting their well-being. By analyzing habits such as diet, exercise, and stress levels, users can identify potential health risks early. This form supports proactive lifestyle changes to promote long-term health.

Full Name

Age

Gender

How often do you exercise per week?

How would you rate your daily diet?

Do you currently smoke?

☐ No ☐ Occasionally ☐ Regularly

How often do you consume alcohol?

How would you rate your average stress levels?

On average, how many hours of sleep do you get per night?

Additional Comments

Submit Assessment