

Healthy Weight Range v3 HRA Questions



Questions	Potential Answers
Age	
Sex	Male Female
Height	
Weight	
Ethnicity Please specify your race.	White African American Hispanic Asian or Pacific Islander American Indian or Alaskan Native Other Unknown/no answer Asian Pacific Islander NA (ethnicity != 'asian_pacific_islander')
Smoking	Never Smoked Quit smoking (more than 1 yr) Quit smoking (less than 1 yr) Smoked within 30 days
Minutes of weekly exercise	x minutes of moderate activity x minutes of vigorous activity
Primary care physician	I don't have a primary care physician I have a primary care physician (Not Answered) My last check-up was less than 1 year ago My last check-up was 1 to 2 years ago My last check-up was more than 2 years ago NA (primaryCarePhysician_has = '0')
Indicate your weight change within the past six months: Do you know why your weight changed?	Up more than {significantChangeThreshold} pounds Down more than {significantChangeThreshold} pounds Neither of these Yes No NA (weightChangeSignificant = 'no')
Your waist measurement	Less than {waistLimit} inches'
Your waist measurement	{waitLimit} inches or more'
Do you have diabetes?	No diabetes Prediabetes Diabetes (Type 1) Diabetes (Type 2)
Indicate if you have had any of these heart or blood vessel conditions.	Heart disease Heart attack Heart failure Stroke Angina or chest pain Peripheral artery disease None of these
Indicate if you have any of these common weight-related conditions.	Acid reflux (GERD) Sleep apnea Osteoarthritis Urinary incontinence Shortness of breath None of these
Indicate which of these medications you're regularly taking.	Blood pressure meds Cholesterol meds Diabetes meds None of these
Which physical aspects of your life are affected by your weight?	Daily activities (walking, housework, child care) Strenuous activities (yardwork, working out) Ability to work Vitality (tiredness, energy level)

	Bodily pain General health None of these
Which areas of your mental health are affected by your weight?	Emotional well-being Mood Self-confidence Self-esteem None of these
Which aspects of your social life are affected by your weight?	Hobbies or pastimes Travel (car, bus, air) Socializing Personal or intimate relationships None of these
Does your weight affect your life in other ways not listed here?	Yes No
What impact does your weight have on your quality of life?	NA (qollssuesPhysical_none = '1' AND qollssuesMental_none = '1' AND qollssuesSocial_none = '1' AND qollssuesOtherNotListed = 'no') None Mild Moderate Severe
Have you had your blood pressure, cholesterol, and blood sugar checked at your current weight?	Yes No
Is your blood sugar in the recommended range?	Yes No I don't know
Are your cholesterol numbers in the recommended ranges?	Yes No I don't know
Are your blood pressure numbers in the recommended ranges?	Yes No I don't know