

## Healthy Weight HRA Questions



Question in Application	Potential Answers	Customization Info
Name & User Type Options	Myself Caregiver	Required - can customize whether you want to present caregiver field. Can also customize Page Introduction text, Myself selected text, and Someone Else selected text if applicable.
Email Address		Optional - can toggle off email capture. Can also customize the page introduction text on this page.
Sex at Birth	Male Female	Required & Not Customizable
Height		Required & Not Customizable
Weight		Required - can customize whether you want BMI calculation shown on screen or not to participant
Gender Pronouns Display & Text		Optional - be default this question is hidden
Ethnicity (Always available)	White Black or African American Hispanic or Latino Asian American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Other Unknown/no answer	Required - can customize the page introduction text that reads by default 'Methodologies for preventative screenings are determined, in part, by sex at birth, age, and ethnicity. Please provide the following information to increase the accuracy of your assessment.'
Race (Only populated if Detailed Race/Ethnic Origin option selected)	White Black or African American Asian American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Other Unknown/no answer	Optional additional question
Ethnic Origin (Only populated if Detailed Race/Ethnic Origin option selected)	Not Hispanic or Latino Hispanic or Latino Unknown/no answer	Optional additional question
Do you use tobacco products?	No, never No, last used more than a year ago No, last used in the past year Yes	Required and not customizable
In a typical week, what types of physical activity do you engage in? Check all that apply.	Moderate activity (examples)  Vigorous activity (examples) None of these	Required and not customizable
Describe your moderate activity in a typical week.	x minutes per day x days a week	Required - can customize text in parentheses - default is '(walking, biking, active yoga, dancing, recreational swimming)'
Describe your vigorous activity in a typical week.	x minutes per day x days a week	Required - can customize text in parentheses - default is '(running, hiking uphill, singles tennis, swimming laps)'
Do you have a (primary care name)? Default: primary care physician	(Not answered) Yes No I don't know	Required - can customize the wording of PCP ex/ 'primary care provider' vs 'primary care physician'
Do you have a (specialist name)? Default: nutritionist	(Not answered) Yes No I don't know	Optional additional question
Is your provider part of {ORGANIZATION_NAME}?	No Yes (not answered)	Optional additional question
Provider Name (label is customizable)	Provider Name	Optional additional question
Is your provider part of {ORGANIZATION_NAME}?	No Yes (not answered)	Optional additional question
Provider Name (label is customizable)	Physician Name	Optional additional question
Indicate your weight change within the past six months:	Up more than {significantChangeThreshold} pounds Down more than {significantChangeThreshold} pounds Neither of these (Not Answered)	Required and not customizable
Do you know why your weight changed?	Yes No NA (weightChangeSignificant = 'no') (Not Answered)	Required and not customizable
Your waist measurement	Less than {waistLimit} inches' {waistLimit} inches or more'	Required & Not Customizable
Do you have diabetes?	(Not Answered) No Prediabetes Yes, Type 1 Diabetes Yes, Type 2 Diabetes I don't know	Required and not customizable
Indicate if you have had any of these heart or blood vessel conditions. (check all that apply)	Heart disease Heart attack Heart failure Stroke Angina or chest pain Peripheral artery disease None of these	Required and not customizable
Indicate if you've been diagnosed with any of these common weight-related conditions. (check all that apply)	Acid reflux (GERD) Obstructive sleep apnea Osteoarthritis Urinary incontinence Shortness of breath None of these	Required and not customizable
Indicate which of these medications you're regularly taking.	Blood pressure meds	Required and not customizable

(check all that apply)	Cholesterol meds Diabetes meds None of these	
Which physical aspects of your life are affected by your weight? (check all that apply)	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	Required and not customizable
Which areas of your mental health are affected by your weight?	Emotional well-being Mood Self-confidence Self-esteem None of these	Required and not customizable
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	Required and not customizable
Does your weight affect your life in other ways not listed here?	Yes No (Not Answered)	Required & Not Customizable
What impact does your weight have on your quality of life?	NA (qolissuesPhysical_none = '1' AND qolissuesMental_none = '1' AND qolissuesSocial_none = '1' AND qolissuesOtherNotListed = 'no') None Mild Moderate Severe (Not Answered)	Required and not customizable
Have you had your blood pressure, cholesterol, and blood sugar checked at your current weight?	(Not Answered) Yes No	Required & Not Customizable
Is your blood sugar within the range recommended by your doctor?	(Not Answered) Yes No I don't know	Required and not customizable
Are your cholesterol numbers in the recommended ranges?	(Not Answered) Yes No I don't know	Required and not customizable
Are your blood pressure numbers in the recommended ranges?	(Not Answered) Yes No I don't know	Required and not customizable