

MEDICAL CARE

5. Overall Health. In general would you say it is:

- ① excellent ② very good ③ good
④ fair ⑤ poor

6. Preventive health tests. Have you had the following recommended preventive exams?

- 1 - yes
2 - no (skip if not applicable to your age & gender)

- a. ① ② physical exam within last 1-2 years
b. ① ② blood pressure check within last 1-2 years
c. ① ② cholesterol check within last 2-5 years
d. ① ② dental exam within last year
e. ① ② prostate exam within last 1-2 years (men age 50+)
f. ① ② bowel exam within last 5-10 years (age 50+)
g. ① ② annual flu immunization (age 65+)
h. ① ② pneumonia immunization in last 10 yrs. (age 65+)
i. ① ② PAP test in last 1-3 years (women)
j. ① ② mammogram in last 1-2 years (women age 40+)

7. Common health tests. Mark your usual values.

- 1 - normal
2 - moderately elevated (between normal and high)
3 - high
4 - don't know normal high

1. ① ② ③ ④ glucose - fasting (<100) (126+)
2. ① ② ③ ④ blood pressure (<120/80) (140/90+)
3. ① ② ③ ④ cholesterol (<200) (240+)

8. Medications. Mark medications you take regularly.

1. ① blood pressure lowering
2. ① cholesterol lowering
3. ① medication for diabetes / high blood sugar

9. Sick days. How many days did you miss from work (or school) due to illness or injury in the past 12 months?

- ① 0 ① 1 ② 2 ③ 3 ④ 4 ⑤ 5 ⑥ 6 ⑦ 7 ⑧ 8 ⑨ 9+

PHYSICAL ACTIVITY

10. Exercise days. How many days each week do you get at least 30 minutes of moderate to vigorous physical activity? (e.g., brisk walking, cycling, aerobics, hard physical labor)

- ① 0 ① 1 ② 2 ③ 3 ④ 4 ⑤ 5 ⑥ 6 ⑦ 7

11. Strength exercises. How many days each week do you do strength-building exercises for 15-30+ minutes? (e.g., weight lifting, pushups, crunches)

- ① 0 ① 1 ② 2 ③ 3+

12. Stretching exercises. How many days each week do you do stretching exercises? (e.g., yoga, pilates)

- ① 0 ① 1 ② 2 ③ 3+

EATING PRACTICES

13. Breakfast. How often do you eat a healthy breakfast?

- ① seldom ② occasionally ③ daily or most days

14. Whole grains. How many servings of whole-grain breads and cereals do you eat daily?

1 serving = 1 slice whole-wheat bread; 1/2 C cooked oatmeal, brown rice, or other whole-grain cereal; 2/3 C ready-to-eat whole-grain cereal

- ① 0 ① 1 ② 2 ③ 3 ④ 4 ⑤ 5 ⑥ 6+

15. Fruits. How many cups do you eat daily?

1 cup equivalents: 1 medium apple, orange, banana; 1 C berries or cut fresh fruit; 1/2 C cooked fruit; 3/4 C (6 oz) 100% fruit juice

- ① 0 ① 1/2 ② 1 ③ 1 1/2 ④ 2 ⑤ 2 1/2 ⑥ 3 ⑦ 3 1/2 ⑧ 4+

16. Vegetables. How many cups do you eat daily?

1 C raw or cooked veggies, 2 C salad greens, 1 C (8 oz) veg. juice

- ① 0 ① 1/2 ② 1 ③ 1 1/2 ④ 2 ⑤ 2 1/2 ⑥ 3 ⑦ 3 1/2 ⑧ 4+

17. Protein. How many servings do you eat daily?

1 serving = 2 oz lean meat, fish, or poultry; small hamburger, 1 hot dog, 1 beef taco, 2 luncheon meat slices, 2 eggs; plant proteins: 1/2 C beans or tofu, 1 vegetarian burger or other meat alternatives

- ① 0 ① 1 ② 2 ③ 2 1/2 ④ 3 ⑤ 3 1/2 ⑥ 4+

18. What kind of protein foods do you eat most often?

- ① high-fat meats ② low-fat meats ③ plant proteins

19. Fats. What kind do you usually use?

- ① butter, stick margarine, shortening, meat drippings
② trans fat-free margarine, veg. oils, or no added fats
③ use both about the same

20. Dairy. How many servings do you eat daily?

1 serving = 1 C milk or yogurt, 1 slice (1 oz) cheese, 1/2 C cottage cheese, 1 C fortified soy milk

- ① 0 ① 1 ② 2 ③ 3 ④ 4 ⑤ 5 ⑥ 6+

21. Nuts/Seeds. How many servings do you eat weekly?

1 serving = 1/2-1 oz nuts (e.g., almonds, cashews, peanuts) or seeds (e.g., sunflower, pumpkin) or 2 T nut butter

- ① 0 ① 1 ② 2 ③ 3 ④ 4 ⑤ 5 ⑥ 6+

22. Sweets. How many servings do you eat daily?

1 serving = 3-4 T sugar, 2 T syrup or jelly, 8 oz soft drink, or desserts (e.g., candy, cookie, 1/2 C ice cream, 1 sm. piece cake or pie)

- ① 0 ① 1 ② 2 ③ 3 ④ 4 ⑤ 5+

23. Water. How many cups do you drink daily?

- ① 0 ① 1 ② 2 ③ 3 ④ 4 ⑤ 5 ⑥ 6 ⑦ 7+

24. Salt. How much salt do you use?

- ① use salt sparingly and limit salty foods
② don't think about limiting salt or salty foods
③ like salt - often salt foods or eat salty foods

25. Supplements. Mark any you take daily.

- ① Calcium ① Vitamin B12
① Vitamin D ① Multivitamin/mineral

SUBSTANCE USE

26. Smoking status.

- ① never smoked ② quit smoking ③ presently smoke

27. Secondhand smoke. Are you often exposed to other people's smoke at home or work?

- ① yes ② no

28. Alcohol. How many drinks do you have **a week?**

1 drink = 12 oz beer, 5 oz wine, or 1.5 oz liquor

- ① none ② 1-3 ③ 4-7 ④ 8-14 ⑤ 15-21 ⑥ 22+

29. Drugs. How often do you use drugs (*including prescriptions*) that affect your mood or help you relax?

- ① rarely or never ② occasionally ③ almost every day

30. How many **kinds** of drugs (*including prescription and over-the-counter*) did you take in the **past month?**

- ① 0 ② 1 ③ 2 ④ 3 ⑤ 4 ⑥ 5 ⑦ 6 ⑧ 7 ⑨ 8+

MENTAL/SOCIAL HEALTH

Stress. Questions 31-33 are based on the following definition of stress: "feelings of tension, irritability, and anxiety often resulting in difficulty sleeping."

31. How often do you have feelings of **stress at work?**

- ① never ② sometimes ③ often ④ permanent or continual stress

32. How often do you have feelings of **stress at home?**

- ① never ② sometimes ③ often ④ permanent or continual stress

33. How much **stress** do you feel over finances?

- ① little or none ② moderate ③ high or severe

34. Traumatic life events. How many traumatic life events have you experienced in the last **year**, such as loss of a loved one, divorce, loss of job, financial crisis, severe conflict, violence, major illness, or other event?

- ① 0 ② 1 ③ 2 ④ 3+

35. Outlook. How do you see your years ahead?

- ① I do not look forward to what lies ahead of me
② I'm not sure what the future holds for me
③ I'm hopeful and expect things to work out well for me

36. Control. What happens in my life is controlled by:

- ① my choices ② partly my choices ③ mostly outside influences ④ I have no control, feel trapped

37. Happiness. All in all, how happy are you?

- ① unhappy ② pretty happy ③ very happy

38. Mood. Have you felt down, depressed, hopeless, or have little interest or pleasure in doing things for 2 or more weeks in the past month?

- ① yes ② no

39. Functioning. Have your feelings caused you significant distress or impaired your ability to function socially at work or school, or within your circle of friends?

- ① yes ② no

40. Relax. Do you take time to relax/have fun daily?

- ① seldom ② sometimes ③ most of the time

41. Energy. How much energy do you have during a typical day?

- ① high energy ② adequate energy ③ often tired

42. Satisfaction. In general, how satisfied are you with your life?

- ① very satisfied and happy ② mostly satisfied ③ not very satisfied ④ dissatisfied/unhappy

43. Social support. Mark **ALL** that apply to you.

- ① I'm married or have a significant other
① I make frequent contacts with family and friends
① I regularly participate in a faith group
① I regularly participate in a social club

44. Sleep. How many hours of sleep do you usually get **daily?**

- ① less than 6 ② 6 - 6.9 ③ 7 - 8 ④ more than 8

SAFETY

45. Seat belts. When riding in a car, what percentage of the time do you wear a seat belt?

- ① 0% ② 25% ③ 50% ④ 70% ⑤ 90% ⑥ 100%

46. Child safety seats. When children ride in your car, are they always buckled into an approved child safety or booster seat?

- ① yes ② no ③ does not apply

47. Drinking and driving. How many times in the last 6 months did you drive within an hour of having 2+ drinks, or ride with another driver who had?

- ① 0 ② 1 ③ 2 ④ 3 ⑤ 4 ⑥ 5 ⑦ 6 ⑧ 7 ⑨ 8+

48. Smoke alarm. Does your home have a working smoke alarm near your sleeping area(s)?

- ① yes ② no

49. Driving. How many miles **per week** do you usually drive or ride with others (*average is 225 miles/week*)?

- ① high mileage (*more than 225 miles/week*) ② average mileage ③ low mileage (*below 225 miles/week*)

50. Lifting. When lifting heavy objects, do you use correct lifting technique (*keep object close to body, bend at the hips and knees, keep back upright, maintain normal curve of back, lift with legs*)?

- ① always ② sometimes ③ seldom or unsure

51. Sun. Are you careful to limit excess sun exposure and avoid sunburns?

- ① always ② sometimes ③ seldom or unsure

52. Helmets. Do you always wear a helmet when riding a motorcycle, cycling, skiing, inline skating, etc.?

- ① yes ② no ③ does not apply

53. (Optional question). Are you careful to use safe sexual practices to prevent unintended pregnancies and STDs (no sexual contact, always use condoms, or relations with only one uninfected, mutually faithful partner)?

- 1 always 2 most of the time 3 seldom or never

JOB SATISFACTION

54. Work life. How satisfied are you with your work life?

- 1 very satisfied 2 mostly satisfied 3 somewhat dissatisfied 4 very dissatisfied/unhappy

55. Productivity. During the past 4 weeks at work, how many days did poor physical or mental health result in decreased productivity?

- 0 1 2 3 4 5 6 7 8 9+

56. Limitations. By how much was your work output (productivity) generally impaired/decreased?

- 1 none 2 a little, 5% 3 moderately, 15% 4 a lot, 30%

57. Health culture. Rate your organization's interest in employee health and in creating a healthy work place?

- 1 excellent 2 good 3 fair 4 poor

READINESS TO CHANGE

58. Are you planning to make lifestyle changes in the following areas?

- 1 - no present interest in making a change
2 - plan a change in the next 6 months
3 - plan to change this month
4 - recently started doing this
5 - already doing this regularly (at least 6 mos.)

- a. be physically active
b. practice good eating habits
c. avoid smoking or using tobacco
d. lose weight or maintain a healthy weight
e. cope better with stress
f. lower or maintain healthy cholesterol level
g. lower or maintain healthy blood pressure
h. avoid alcohol or drink in moderation
i. live an overall healthy lifestyle

HEALTH INTERESTS

59. Do NOT notify me of health promotion opportunities.

60. Mark any of the following health improvement opportunities of which you would like to be notified if available.

- nutrition/healthy eating
weight management
group fitness class
walking group
cholesterol reduction
blood pressure reduction
reducing diabetes risk
men's health issues
reducing coronary risk
reducing cancer risk
alcohol/drug help
medical self-care
healthy back
stress reduction
women's health issues
dealing with depression

61. Notification. What is your preferred contact method?

- 1 email 2 phone 3 mailing address

Health Tests (staff use only - optional)

Table with columns: BODY COMP, BP AND PULSE, BLOOD TESTS. Includes sub-tables for known % fat, waist circum., blood pressure (systolic, diastolic, resting pulse), HbA1c, and PSA.

Table with columns: cholesterol, nonfasting. Includes sub-tables for total, HDL, LDL, triglycerides, and glucose.

Table with columns: FITNESS TESTING. Includes sub-tables for flex 26 cm. at footline, curl-ups #, push-ups #, grip strength kg.

Table with columns: ONE MILE WALK, METs. Includes sub-tables for exercise HR, time min : sec, and METs=VO2/3.5.

Additional Questions

- 1. 1 2 3 4 5 6. 1 2 3 4 5 11. 1 2 3 4 5
2. 1 2 3 4 5 7. 1 2 3 4 5 12. 1 2 3 4 5
3. 1 2 3 4 5 8. 1 2 3 4 5 13. 1 2 3 4 5
4. 1 2 3 4 5 9. 1 2 3 4 5 14. 1 2 3 4 5
5. 1 2 3 4 5 10. 1 2 3 4 5 15. 1 2 3 4 5

62. Contact time. When is the best time to contact you?

- 1 morning 2 afternoon 3 evening

PLEASE DO NOT WRITE IN THIS AREA

Series of 20 empty circles for marking answers.

[SERIAL]