

## PERSONAL WELLNESS PROFILE<sup>™</sup> Advantage

MARKING INSTRUCTIONS

PRINT NAME AND ADDRESS CLEARLY											
Name (First, Last)											
Address											
City	State Zip										
Email											
Home Phone	Work Phone										
Company Name											
Physician Name	Today's Date										

#### LAST NAME - ONE SPACE - FIRST NAME

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#### PLEASE DO NOT WRITE IN THIS AREA

· Do not use ink, ballpoint, or felt-tip pens. • Make solid marks that fill the bubble completely. · Erase cleanly any marks you wish to change. Make no stray marks on this form. CORRECT: INCORRECT: 🗹 🗙 🖨 🖱 HEIGHT WEIGHT BIRTHDATE AGE ft in lbs years month day year 0  $\bigcirc \bigcirc$  $\bigcirc \bigcirc$ 0 0  $\bigcirc \bigcirc \bigcirc \bigcirc$ (1)Q Q Q Q Q Q Q Q0000 22 333 3333 33 333  $\overline{(4)}$ (4) (4) (4) (4)(4)(4)4 4 444 5 55 5 5 555 (5) (5)6 6 66 66 6 6 666 7  $\mathcal{D}\mathcal{O}\mathcal{O}$  $\bigcirc \bigcirc \bigcirc$  $\bigcirc$  $\bigcirc$ 88 (8) 8 888 9 9 99 999

#### 1 male 1. Gender.

Use a No. 2 pencil only.

2 female pregnant (1)Asian

Native American

Other

### 2. Race/Ethnicity.

① White/Caucasian

② African American

Hispanic/Latino 3

#### **HEALTH HISTORY**

3. Family health history. Mark any health condition that occurred in your father, mother, brother(s), or sister(s).

> a. ① coronary heart disease, heart attack, or heart surgery before age 55 in men or age 65 in women

(5)

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- b. ① type 2 diabetes
- c. ① osteoporosis or fractures
- d. ① breast cancer
- e. 

  colon cancer

4. Personal health history. Mark any health condition your doctor has told you that you have.

- a. ① allergies
- b. ① asthma
- c. ① arthritis
- d. ① chronic back pain
- e. ① chronic lung disease (COPD)
- f. Chronic sinus problem
- g. ① broken bones/stress fractures in last 10 years
- h. ① coronary heart disease, angina (with or without coronary by-pass surgery or angioplasty)
- i. ① cancer (other than skin cancer)
- diabetes (high blood sugar) İ.
- k. ① stroke or restricted blood flow to head or legs



#### MEDICAL CARE

- Overall Health. In general would you say it is:
- (4) fair (5) poor

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

- 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	- n	orn	nal									
	2 - moderately elevated (between normal and high)												
			3	- hi	gh								
				4	- don't know	normal	<u>high</u>						
	a	3	3	<b>_</b>	aluoooo footing	(<100)	(126+)						
1.	1	2	అ	4	glucose - fasting	(<100)	(120+)						

- 3. (1 (2) (2) (2) (240+) (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?

00 11 22 33 44 55 66 77 88 99+

#### PHYSICAL ACTIVITY

**10. Exercise days.** How many <u>days</u> each week do you get at least 30 minutes of moderate to vigorous physical activity? (e.g., brisk walking, cycling, aerobics, hard physical labor) 0 0 1 22 33 44 55 66 77

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

**12.** Stretching exercises. How many <u>days</u> each week do you do stretching exercises? (e.g., yoga, pilates) 0 0 1 22 33+

#### EATING PRACTICES

**13. Breakfast.**How often do you eat a healthy<br/>breakfast?① seldom② occasionally③ daily or most days

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**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* 

00 11 22 33 44 55 66+

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 00 11/2 21 311/2 42 521/2 63 731/2 84+ 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 00 11/2 21 311/2 42 521/2 63 731/2 84+ **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 00 11 22 32 1/2 43 53 1/2 64+ 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 soymilk 00 11 22 33 44 55 66+

**21.** Nuts/Seeds. How many servings do you eat <u>weekly</u>? 1 serving = 1/2-1 oz nuts (e.g., almonds, cashews, peanuts) or seeds (e.g., sunflower, pumpkin) or 2 T nut butter

00 11 22 33 44 55 66+

**22.** Sweets. How many servings do you eat <u>daily</u>? 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)

00 11 22 33 44 55+

23. Water. How many cups do you drink <u>daily</u>?
00 01 02 03 04 55 66 77+

- 24. Salt. How much salt do you use?
  - 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.
- never smoked
   quit smoking
   3
- 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 <u>a week?</u>

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

 ① none
 1 1-3
 2 4-7
 3 8-14
 ④ 15-21
 ⑤ 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 <u>kinds</u> of drugs (*including prescription and over-the-counter*) did you take in the <u>past month</u>? **(D) (D) * 

#### MENTAL/SOCIAL HEALTH

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

- 31. How often do you have feelings of stress at work?
- ① never ③ often
- ② sometimes ④ permanent or continual stress

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

- ① never ③ often
- ② sometimes 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 <u>year</u>, such as loss of a loved one, divorce, loss of job, financial crisis, severe conflict, violence, major illness, or other event?

- 35. Outlook. How do you see your years ahead?
- 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 ③ mostly outside influences
- ② partly my choices ④ I have no control, feel trapped

**37. Happiness.** All in all, how happy are you?① unhappy② pretty happy③ 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 seldom② sometimes③ most of the time

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

 $\bigcirc$  high energy  $\oslash$  adequate energy  $\bigcirc$  often tired

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

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

43. Social support. Mark <u>ALL</u> that apply to you.
I'm married or have a significant other

- 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 **<u>daily</u>**?

① less than 6 ②6 - 6.9 ③7 - 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?

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

yes
 no
 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) (1) (2) (3) (4) (5) (6) (7) (8) (4)** 

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<br/>drive or ride with others (average is 225 miles/week)?① high mileage② average mileage③ low mileage<br/>(more than 225 miles/week)(below 225 miles/week)(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)?

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

always
 sometimes
 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)?

2 most of the time always ③ seldom or never

#### JOB SATISFACTION

54. Work life. How satisfied	5								
<ul> <li>very satisfied</li> <li>somewhat dissatisfied</li> </ul>									
2 mostly satisfied	④ very dissatisfied/unhappy								
<b>55. Productivity.</b> During the how many <u>days</u> did poor phys result in <i>decreased</i> productivit <b>00 11 22 33 44 55</b>	ical or mental health y?								
<b>56.</b> Limitations. By how muc output (productivity) generally	,								

L () ① a little, 5% ② moderately, 15% On none 3 a lot, 30%

57. Health culture. Rate your organization's interest in employee health and in creating a healthy work place? 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 bing this 5 - already this regula 1/ 0 ast 6 mos.) a. (1) (2) (3) (4) (5) be physic е b. ① ② ③ ④ ⑤ practice good ea ig habits
- c. 1 2 3 4 5 avoid smoki. J or using tobacco d. ① ② ③ ④ ⑤ lose weight or maintain a healthy weight e. ① ② ③ ④ ⑤ cope better with stress f. ① ② ③ ④ ⑤ lower or maintain healthy cholesterol level g. ① ② ③ ④ ⑤ lower or maintain healthy blood pressure
- h. 1 2 3 4 5 avoid alcohol or drink in moderation
- i. ① ② ③ ④ ⑤ live an overall healthy lifestyle

#### HEALTH INTERESTS

① Do NOT notify me of health promotion opportunities. 59. 60. Mark any of the following health improvement opportunities of which you would like to be notified if available. 1 nutrition/healthy eating reducing coronary risk (1) weight management 1 reducing cancer risk alcohol/drug help group fitness class  $\bigcirc$  $\bigcirc$ walking group 1 medical self-care (T) healthy back cholesterol reduction (1)blood pressure reduction (T)stress reduction 1 reducing diabetes risk women's health issues (T)men's health issues dealing with depression  $\bigcirc$ 61. Notification. What is your preferred contact method? ① email 2 phone ③ mailing address DesignExpert by Pearson, NCS. Printed in U.S.A. Mark reflex

## Health Tests (staff use only - optional)

BODY COMP						BP AND PULSE									BLOOD TESTS					
known		waist			bl	blood pressure resting														
%	fat	circum. inches			systolic		dia	diastolic		р	uls	Э	HbA1c			PSA				
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	BLOOD TESTS														
	choleste	rol			<ul> <li>nonfasting</li> </ul>										
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FITNES flex cu 26 cm. up at footline #	SS TESTII rl- push- ups #	NG grip streng kg	ıth	C exe	ONE ercis HR	MI	LE	WA tim	LK ie : se	ec	M MI VC	ETs D2/3	s ;= 5.5		
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Additional Questions

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5. (12345)

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4.	1	2	30	4	5	9.	1	2	3	4	5	14.	1	2	3	4	5

#### 62. Contact time. When is the best time to contact you? ① morning 2 afternoon ③ evening

10. 12345

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15. 12345