



Employee Name

Date (mm/dd/yyyy)

1. In general, how would you rate your health? Excellent Very Good Good Fair Poor

2. In the last 7 days, how often did you exercise for at least 20 minutes in a day?

Every day 3-6 days 1-2 days 0 days



Exercise includes walking, housekeeping, jogging, weights, a sport or playing with your kids. It can be done on the job, around the house, just for fun or as a work-out.

3. In the last 7 days, how often did you eat 3 or more servings of fruits or vegetables in a day?

Every day 3-6 days 1-2 days 0 days



Each time you ate a fruit or vegetable counts as one serving. It can be fresh, frozen, canned, cooked or mixed with other foods.

4. In the last 7 days, how often did you have (5 or more for men, 4 or more for women) alcoholic drinks at one time? Never Once a week 2-3 times a week More than 3 times during the week



1 drink is 1 beer, 1 glass of wine, or 1 shot.

5. In the last 30 days have you smoked or used tobacco? Yes No

If YES, Do you want to quit smoking or using tobacco?

Yes I am working on quitting or cutting back right now No

6. In the last 30 days, how often have you felt tense, anxious or depressed?

Almost every day Sometimes Rarely Never

7. The flu vaccine can be a shot in the arm or a spray in the nose. Have you had a flu shot or flu spray in the last year? Yes No

8. A checkup is a visit to a doctor's office that is NOT for a specific problem. How long has it been since your last checkup? Within the last year Between 1-3 years More than 3 years

Your Healthy Behavior

Small everyday changes can have a big impact on your health. Think about the changes you would be most interested in making over the next year. Look at the list below and **CHOOSE ONE or MORE**:

- Exercise regularly, eat better, and/or lose weight
- Cut back or quit smoking or using tobacco
- Get a flu shot
- Return to the doctor to get tested for high blood pressure, high cholesterol and diabetes OR if I already have any of them, return to the doctor for check-ups for these conditions
- Cut back or quit drinking alcohol
- Seek treatment for drug or substance abuse
- I will commit to keep up all of the healthy things I do now
- Other:



Changes like drinking water rather than soda or walking every day can help you stay healthy or help you better control illnesses you may already have. You can learn new ways to handle stress or quit smoking. Remember, even small changes can be difficult and take a long time. It may be helpful to get support from your family, friends, community or your doctor.

Now that you have selected your healthy behavior(s) above, answer questions 1 & 2 below. For each question, use the scale provided and pick a number from 0 through 5.

1. **Thinking about your healthy behavior(s), do you want to make some small lifestyle changes in this area to improve your health?**

0

1

2

3

4

5

I don't want to make changes now

I want to learn more about changes I can make

Yes, I know the changes I want to start making

2. **How much support do you think you would get from family or friends if they knew you were trying to make some changes?**

0

1

2

3

4

5

I don't think family or friends would help me

I think I have some support

Yes, I think family or friends would help me

Wellness Activity Suggestions

As part of our continued efforts to aid employees in their wellness journey we ask for your suggestions. Please take a few moments to list a couple wellness activities, seminars, or training sessions you would like to see that could help you on your path to wellness. Feel free to list as many as you would like.

<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

Human Resources Use Only

Date Received

HR Representative