

Employee Wellness Survey

I. Male Female

II. Age Group: (Please check your age group)

21-30 31-40 41-50 51-60 60+

III. Faculty Staff

Your Current Health Habits

The following questions are about your current health habits and interest in pursuing a healthier lifestyle.

1. I exercise vigorously for at least 20 minutes three or more days a week.

Yes No

Complete if appropriate. I would exercise if: _____

2. I regularly smoke cigarettes. Yes No

Complete if appropriate. I would stop smoking if: _____

3. I believe I am more than 2 lbs. over my ideal weight. Yes No

Complete if appropriate. I would lose weight if: _____

4. I avoid eating too much fat. Yes No

Complete if appropriate. I would reduce dietary fat consumption if:

5. I practice some type of stress management on a regular basis. Yes No

Complete if appropriate. I would try to control stress if: _____

6. I have had my blood pressure checked within the last year. Yes No

Complete if appropriate. I would if: _____

7. I wear a seat belt all the times when I am in a motor vehicle. Yes No

Complete if appropriate. I would if: _____

8. I have had a bout of low back pain in the last six months. _____ Yes _____ No

Complete if appropriate. I would do more to prevent it if: _____

9. I have at least three drinks containing alcohol everyday. _____ Yes _____ No

Complete if appropriate. I drink less if: _____

10. I usually consult a medical self-care book or internet web site when I'm sick.
_____ Yes _____ No

Complete if appropriate. I would if: _____

11. I make an effort to eat enough fiber from whole grains, cereals, fruits and vegetables.
_____ Yes _____ No

Complete if appropriate. I would if: _____

12. I eat breakfast every day. ___ Yes _____ No

Complete if appropriate. I would if: _____

13. If you could receive written information for three of the health topics listed below, which three would you select? (Check only three!)

- | | |
|--|---|
| _____ Tips for reducing cholesterol | _____ Information on AIDS |
| _____ Weight management techniques | _____ Starting a walking program |
| _____ Spiritual wellness | _____ Health effects of cocaine use |
| _____ Alcohol tips | _____ Asthma management |
| _____ Starting to exercise | _____ Avoiding sports injuries |
| _____ Stress reduction tips | _____ Nutritious cooking tips |
| _____ Medical self-care | _____ Dealing with your doctor |
| _____ Pre-menstrual tension tips | _____ Questions for your doctor |
| _____ Second-hand smoke | _____ Prevention of sexually transmitted diseases |
| _____ Preventing carpal tunnel disorders | _____ Sleep disorders |
| _____ Recreational safety | _____ Eldercare issues |
| _____ Testicular exam for cancer | _____ Personal violence protection |
| _____ Parenting tips | _____ Controlling high blood pressure |
| _____ Headache prevention | _____ Preventive dentistry |
| _____ Auto safety | _____ Back care |
| _____ Foot care | _____ Home safety |
| _____ Vitamin facts | _____ Low salt tips |
| _____ Prescription drug tips | _____ Cancer detection/prevention |
| _____ Heat disease prevention | _____ Nutrition and cancer prevention |
| _____ Diabetes | _____ Smoking reduction tips |
| _____ Breast self-exam | _____ Men's health |
| _____ Women's health | _____ Use of antioxidants |
| _____ PMS | |

14. Would you personally participate in a wellness program if we offered one?

_____ Yes _____ No

15. Would you participate in any of the following wellness activities on a regular basis if they were offered at work? (Check all those that apply.)

- | | |
|--|---|
| _____ Aerobic exercise classes | _____ Weight management program |
| _____ Confidential health screening | _____ Sports league activity |
| _____ Health fair | _____ Fitness or wellness contest |
| _____ Walking event or club | _____ Parenting skills and support |
| _____ Consumer health training session | _____ Watch enjoyable movies during lunch |
| _____ Medical self-care training | _____ Monthly wellness seminar |
| _____ Smoking cessation program | _____ Blood pressure screening |
| _____ Nutritional pot-luck | _____ Blood test for cholesterol |
| _____ Workshop on self-esteem | _____ Joint a support group |
| _____ Complete a personal fitness contract | _____ Annual health management session |

16. In which of the following categories would you place yourself? (Please check only one.)

- _____ I'm not interested in pursuing a healthy lifestyle.
_____ I have been thinking about changing some of my healthy behaviors.
_____ I am planning on making a health behavior change within the next 30 days.
_____ I have made some health behavior changes but I still have trouble following through.
_____ I have had a healthy lifestyle for years.

17. Please add any comments or suggestions for a health promotion and wellness program. What things do you believe would help to create a program?

Thanks for completing this survey!