

Employee Wellness Survey II

We Want Your Opinion!

Please take a moment and give us your answers to the questions on this brief survey. Our purpose is to use your response to help design a staff wellness program. We appreciate your taking the time to complete this questionnaire.

Tell Us About Yourself!

1. Male _____ Female _____
2. Age Group: 41-50 _____ 51-60 _____ 60-70 _____
 70-80 _____ 80-90 _____ 90+ _____

Helping You Stay Healthy

A great deal of scientific evidence points to the fact that our life style choices have a lot to do with what illnesses we get and how long we live. Please check those answers that best fit your situation. Your completion of the statements on the right would help us design better program to help you stay healthy.

- | | Yes | No | Please complete the following statements (if appropriate) |
|--|-------|-------|---|
| 3. Do you exercise vigorously for at least 20 minutes three or more times a week? | _____ | _____ | I would if _____

_____ |
| 4. Do you smoke cigarettes? | _____ | _____ | I would stop if _____

_____ |
| 5. Are you more than 10 pounds over your ideal weight? | _____ | _____ | I would lose that extra _____

_____ |
| 6. Do you know what your blood pressure is?
When did you last have it checked?
_____ | _____ | _____ | I would get my blood pressure

_____ |

	Yes	No	Please complete the following statements (if appropriate)
7. Do you routinely do things to reduce your level of mental stress?	_____	_____	I would practice stress management techniques if _____ _____
8. Do you know what your cholesterol level is? _____	_____	_____	I would get my cholesterol tested if _____ _____
9. Do you wear seatbelts at least 90% time of the time?	_____	_____	I would wear seatbelts all the if _____ _____
10. Do you have periodic bouts low back pain?	_____	_____	I would take better care of my back if _____ _____
11. Do you usually have 3 or more ounces of alcoholic beverage each day?	_____	_____	I would drink fewer alcoholic an beverages if _____ _____
12. Do you consult a medical self-help book when you are sick?	_____	_____	I would consult a medical reference book when I am sick if _____ _____
13. What do you consider your major health risk?			_____ _____ _____

Thank you for your help in completing this survey.