

**Individual-Level Assessment for Use in
Participating Healthy Worksite Initiative Worksites**

Hello. We are conducting a survey about health and well-being among employees and would appreciate your participation.

This brief survey is about your health and behaviors that might affect it. It will take about five minutes to complete and your responses will be anonymous. If you have any questions about this survey, you can contact _____

1. Which worksite do you work for?

- 1 _____
- 2 _____
- 3 _____
- 4 _____

2. When did you last have your blood pressure checked?

- 1 I have never had it checked. **Skip to question 4.**
- 2 More than 5 years ago. **Continue to question 3.**
- 3 1-5 years ago. **Continue to question 3.**
- 4 Within the last year. **Continue to question 3.**
- 5 Don't Know. **Skip to question 4.**

3. Do you know your current blood pressure?

- 1 Yes, it is normal and has never been high.
- 2 Yes, I have high blood pressure and it is currently well controlled.
- 3 Yes, my blood pressure is higher than it should be.
- 4 Yes, I know the number, but I don't know if it's normal or not.
- 5 No, I have had it checked, but don't remember the result.

4. When did you last have your blood cholesterol checked? (Cholesterol is a fatty substance found in the blood.)

- 1 I have never had it checked. **Skip to question 6.**
- 2 More than 5 years ago. **Continue to question 5.**
- 3 1-5 years ago. **Continue to question 5.**
- 4 Within the last year. **Continue to question 5.**
- 5 Don't Know. **Skip to question 6.**

5. Do you know your blood cholesterol level?

- 1 Yes, it is normal and has never been high
- 2 Yes, I have high blood cholesterol and it is currently well controlled.
- 3 Yes, my blood cholesterol is higher than it should be.
- 4 Yes, I know the number, but I don't know if it's normal or not.
- 5 No, I have had it checked, but don't remember the result.

6. What is your age?

___ ___ years

7. About how tall are you without shoes, in feet/inches?

___ feet, ___ ___ inches

8. How much do you weigh without shoes, in pounds (lb)?

___ ___ pounds.

9. Are you ...?

1 Male

2 Female

10. Have you smoked at least 100 cigarettes in your entire life?

Note: 5 packs = 100 cigarettes

1 Yes. **Continue to question 11.**

2 No. **Skip to question 12.**

3 Don't know/Not sure. **Skip to question 12.**

11. Do you now smoke cigarettes every day, some days, or not at all?

1 Every day

2 Some days

3 Not at all

12. During the past 30 days, how much did poor physical or emotional health limit your ability to carry out your usual activities at work?

1 Not at all

3 Somewhat much

2 Not very much

4 Very Much

13. During the past 30 days, how many days did you miss part or all of the work day due to poor physical or emotional health?

Number of days: ___ ___

14. Are you aware that health screenings (blood pressure, cholesterol level, etc) are available through your worksite?

1 Yes. **Continue to question 15.**

2 No. **Skip to question 16.**

15. Have you made use of health screenings available through your worksite?
- 1 Yes.
 - 2 No.
16. Are you aware that an on-line health risk assessment (State of Health/Health Quotient) is available through your worksite?
- 1 Yes. **Continue to question 17.**
 - 2 No. **Skip to question 18.**
17. Have you made use of the on-line health risk assessment (State of Health/Health Quotient)?
- 1 Yes.
 - 2 No.
18. Are you aware of physical activity promotions (organized walks, promotion of bicycling, etc.) available through your worksite?
- 1 Yes. **Continue to question 19.**
 - 2 No. **Skip to question 20.**
19. Have you participated in activities resulting from these promotions?
- 1 Yes.
 - 2 No.
20. Are you aware of health education classes available through your worksite?
- 1 Yes. **Continue to question 21.**
 - 2 No. **Skip to question 22.**
21. Have you attended any health education classes?
- 1 Yes.
 - 2 No.
22. In a usual week, how many days a week do you do *moderate sport* or recreational activities for a period lasting **AT LEAST 30 MINUTES**? Examples would be bicycling, gardening, mowing or raking, walking briskly on a level surface, doubles tennis, golf without a cart, hunting, or other similar activities.
Please indicate number of days per week, 0 to 7 days per week.
- ____ days per week
23. In a usual week, how many days a week do you do *strenuous sport* or recreational activities for a period lasting **AT LEAST 20 MINUTES**? Examples would be climbing stairs or hills, brisk cycling up hills, jogging, hiking, swimming laps, singles tennis, water aerobic, downhill or cross-country skiing, or other similar activities.
Please indicate number of days per week, 0 to 7 days per week.
- ____ days per week
24. How many days last week did you eat five or more servings of fruits and vegetables?
Please indicate number of days per week, 0 to 7 days per week.
- ____ days per week