

1. Worksite Health Interest Survey

We are examining the possibility of developing an employee health promotion program, and would like to learn about your interests in health promotion and health related activities. Please take a moment to complete this anonymous survey. Please check the items that apply and fill in the requested information. Thank you.

2. Tell Us About Yourself!

1. Sex:

- Male
- Female

2. Age Group:

- Under 21
- 21-30
- 31-40
- 41-50
- 51-60
- Over 60

3. Your Worksite:

4. Your Department:

3. Your Current Health Habits

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

5. I exercise vigorously for at least 20 minutes three or more days per week.

- Yes
- No

I would if:

6. I regularly smoke cigarettes.

- Yes
- No

I would stop if:

7. I am more than 20 pounds over my ideal weight.

- Yes
- No

I would lose weight if:

8. I avoid eating too much fat.

- Yes
- No

I would if:

9. I practice some type of stress management on a regular basis.

- Yes
- No

I would if:

10. I have had my blood pressure checked within the last year.

Worksite Health Interest Survey

Yes

No

I would if:

11. I wear a seat belt all the time when I am in a motor vehicle.

Yes

No

I would if:

12. I have had a bout of low back pain in the last six months.

Yes

No

I would do more to prevent it if:

13. I have at least three drinks containing alcohol every day.

Yes

No

I would drink less if:

14. I usually consult a medical self-care book when I am sick.

Yes

No

I would if:

15. I make an effort to eat enough fiber from whole grains, cereals, fruits, and vegetables.

Yes

No

I would if:

16. I eat breakfast every day.

- Yes
 No

I would if:

4. Wellness / Health Promotion Information

17. If you could receive written information for five of the health topics listed below, which five would you select? (Please check only five.)

- | | | |
|--|---|--|
| <input type="checkbox"/> Tips for reducing cholesterol | <input type="checkbox"/> Questions for your doctor | <input type="checkbox"/> Home safety |
| <input type="checkbox"/> Information on HIV / Aids | <input type="checkbox"/> Second-hand smoke | <input type="checkbox"/> Vitamin facts |
| <input type="checkbox"/> Weight management techniques | <input type="checkbox"/> Prevention of sexually transmitted disease | <input type="checkbox"/> Prescription drug tips |
| <input type="checkbox"/> Starting a walking program | <input type="checkbox"/> Preventing carpal tunnel disorders | <input type="checkbox"/> Low salt tips |
| <input type="checkbox"/> Spiritual wellness | <input type="checkbox"/> Sleep disorders | <input type="checkbox"/> Heart disease prevention |
| <input type="checkbox"/> Health effects of cocaine use | <input type="checkbox"/> Recreational safety | <input type="checkbox"/> Cancer detection / prevention |
| <input type="checkbox"/> Alcohol tips | <input type="checkbox"/> Elder care issues | <input type="checkbox"/> Hospitalization kit |
| <input type="checkbox"/> Asthma management | <input type="checkbox"/> Testicular exam for cancer | <input type="checkbox"/> Smoking reduction tips |
| <input type="checkbox"/> Starting to exercise | <input type="checkbox"/> Parenting tips | <input type="checkbox"/> Breast self-exam |
| <input type="checkbox"/> Avoiding sports injuries | <input type="checkbox"/> Controlling high blood pressure | <input type="checkbox"/> Men's health |
| <input type="checkbox"/> Stress reduction tips | <input type="checkbox"/> Headache prevention | <input type="checkbox"/> Women's health |
| <input type="checkbox"/> Nutritious cooking tips | <input type="checkbox"/> Preventative dentistry | <input type="checkbox"/> Use of antioxidants |
| <input type="checkbox"/> Medical self-care | <input type="checkbox"/> Auto safety | <input type="checkbox"/> PMS tips |
| <input type="checkbox"/> Dealing with your doctor | <input type="checkbox"/> Back care | <input type="checkbox"/> Health issues for shift workers |
| <input type="checkbox"/> Pre-menstrual tension tips | <input type="checkbox"/> Foot care | <input type="checkbox"/> Personal violence protection |

18. Would you personally participate in a health promotion program if we offered one?

- Yes
 No

19. 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.)

- | | | |
|--|---|--|
| <input type="checkbox"/> Aerobic exercise classes | <input type="checkbox"/> Parenting skills and support | <input type="checkbox"/> Blood pressure screening |
| <input type="checkbox"/> Weight management program | <input type="checkbox"/> Consumer health training session | <input type="checkbox"/> Pot-luck of nutritional foods |

Worksite Health Interest Survey

- | | | |
|--|--|---|
| <input type="checkbox"/> Confidential health screening | <input type="checkbox"/> Watch enjoyable movies during lunch | <input type="checkbox"/> Blood test for cholesterol |
| <input type="checkbox"/> Sports league activity | <input type="checkbox"/> Stress management classes | <input type="checkbox"/> Workshop on self-esteem |
| <input type="checkbox"/> Health fair | <input type="checkbox"/> Medical self-care training | <input type="checkbox"/> Join a support group |
| <input type="checkbox"/> Fitness or wellness contest | <input type="checkbox"/> Monthly wellness seminar | <input type="checkbox"/> Complete a personal fitness contract |
| <input type="checkbox"/> Walking event or club | <input type="checkbox"/> Smoking cessation program | <input type="checkbox"/> Annual health management session |

20. Would you like an incentive to help motivate you to take better care of your own wellness?

- Yes
 No

If yes, what kind of incentives would motivate you?

21. Which of the following categories would you place yourself in?

- I am not interested in pursuing a healthy lifestyle.
 I have been thinking about changing some of my health 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 with them.
 I have had a healthy lifestyle for years.

22. In the last twelve months, how many days have you been absent from work due to personal illnesses or injuries?

23. In the last twelve months, how many times have you visited the doctor?

24. In the last twelve months, how many days were you in the hospital as a patient?

25. Would you be interested in completing a confidential health survey that would give you a set of personal health recommendations?

Worksite Health Interest Survey

- Yes
- No

26. Any additional comments or suggestions for a health promotion / wellness program for employees?

5. Thank you!

Thank you for taking the time to complete this survey. Your input will be very valuable in the development of a worksite health promotion team.

This Health Interest Survey was compliments of Larry S. Chapman, Summex Corporation, Seattle, WA 2001.