Employee Health Survey

Comprehensive

Your local Healthy Maine Partnership is working with your employer to create a healthier workplace. We want to know what you think. Please take 10-15 minutes to answer the following questions. This information will help to ensure that new wellness programs meet the needs and interests of employees. Your responses will be combined with other employees to determine the most common interests – no individual results will be shared, therefore, please do not include your name on the survey.

Health Needs and Interests *(Please check the appropriate response)*

1. In general, would you say your health is:

☐ *Excellent* ☐ *Very Good* ☐ *Good* ☐ *Fair* ☐ *Poor*

2. In a typical day, does your health now limit you in the following activities?

	Yes, Limited a lot	*Yes, Limited a little*	*No, not limited at all*
a. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?	☐	☐	☐
b. Climbing several flights of stairs?	☐	☐	☐

3. For each question below, please give the one answer that comes closest to the way you have been feeling during the past 4 weeks…

	All of the time	*Most of the time*	*A good bit of the time*	*Some of the time*	*A little of the time*	*None of the time*
a. Have you felt calm and peaceful?	☐	☐	☐	☐	☐	☐
b. Did you have a lot of energy?	☐	☐	☐	☐	☐	☐
c. Have you felt downhearted and blue?	☐	☐	☐	☐	☐	☐

4. During the past 4 weeks how much has your physical health interfered with your social activities (like visiting friends, relatives, etc.)?

All of the time	*Most of the time*	*A good bit of the time*	*Some of the time*	*A little of the time*	*None of the time*
☐	☐	☐	☐	☐	☐

5. During the past 4 weeks how much has your emotional health (such as feeling depressed, anxious, or stressed) interfered with your social activities (like visiting friends, relatives, etc.)?

All of the time	*Most of the time*	*A good bit of the time*	*Some of the time*	*A little of the time*	*None of the time*
☐	☐	☐	☐	☐	☐

6. During the past 4 weeks have you experienced the following with your work or other regular daily activities as a result of your physical health?

	Yes	*No*
a. Accomplished less than you would like	☐	☐
b. Were limited in the kind of work or other activities	☐	☐

7. During the past 4 weeks have you experienced the following problems with your work or other regular daily activities as a result of your emotional health (such as feeling depressed, anxious, or stressed)?

	Yes	*No*
a. Accomplished less than you would like	☐	☐
b. Did work or other activities less carefully than usual	☐	☐

8. Have you had any of the following check-ups in the past 12 months: (*Check all that apply)* ☑

- ☐ a. Cholesterol
- ☐ b. Blood Pressure
- ☐ c. Blood Sugar
- ☐ d. Annual Physical
- ☐ e. Prostate
- ☐ f. Mammogram
- ☐ g. Eye Exam
- ☐ h. Dental Exam
- ☐ i. Pap Smear Test
- ☐ j. Colorectal Screening

9. In the past 30 days, how often have any of the following limited you in the amount of work you do on the job? (*Please check one box for each item below)* ☑

	All of the time	*Most of the time*	*Half of the time*	*Some of the time*	*None of the time*
a. Allergies	☐	☐	☐	☐	☐
b. Asthma	☐	☐	☐	☐	☐
c. Stress	☐	☐	☐	☐	☐
d. Depression	☐	☐	☐	☐	☐
e. Back Pain	☐	☐	☐	☐	☐
f. Arthritis	☐	☐	☐	☐	☐
g. Anxiety	☐	☐	☐	☐	☐

10. Please choose the answer that best describes how you feel about each of the behaviors listed below. (*Please check one box for each item below)* ☑

	Not Planning to	*Planning to in next 6 months*	*Planning to in next month*	*Have been less than 6 months*	*Have been more than 6 months*	*Not A Problem*
a. Eat a healthier diet	☐	☐	☐	☐	☐	☐
b. Increase physical activity level	☐	☐	☐	☐	☐	☐
c. Lose weight	☐	☐	☐	☐	☐	☐
d. Manage stress	☐	☐	☐	☐	☐	☐
e. Stop using tobacco	☐	☐	☐	☐	☐	☐
f. Reduce alcohol use	☐	☐	☐	☐	☐	☐

11. In an average week, how many days do you participate in at least 30 minutes of physical activities that cause increases in breathing or heart rate?
    - ☐ Never
    - ☐ 1 day
    - ☐ 2 days
    - ☐ 3 days
    - ☐ 4 days
    - ☐ 5 days or more

12. In an average week, how many days do you eat 5 or more servings of fruits and/or vegetables? *(Note: 1 serving is equal to ½ cup)*
    - ☐ Never
    - ☐ 1 day
    - ☐ 2 days
    - ☐ 3 days
    - ☐ 4 days
    - ☐ 5 days or more

13. Do you currently use tobacco products (i.e., cigarettes, cigars, pipe or chewing tobacco)?
    - ☐ Not at all
    - ☐ Some days
    - ☐ Every day

14. If you use tobacco products, how many do you use on an average day?
    - ☐ I do not use tobacco products
    - ☐ Less than 1 pack per day (adjust units)
    - ☐ 1 pack per day
    - ☐ 2 packs per day
    - ☐ More than 2 packs per day

15. Are you concerned about your use of alcohol or drugs?
    ☐ Yes ☐ No

16. Has anyone you know suggested you cut back your use of alcohol or drugs?
    ☐ Yes ☐ No

17. Please rate how you feel about each of the following statements: (*Please check one box for each item below)* ☑

"My employer has provided me the opportunity to..."	*Strongly Disagree*	*Disagree*	*Somewhat Agree*	*Agree*	*Strongly Agree*
a. Be physically active	☐	☐	☐	☐	☐
b. Eat a healthy diet	☐	☐	☐	☐	☐
c. Stop using tobacco products	☐	☐	☐	☐	☐
d. Manage my stress	☐	☐	☐	☐	☐

18. Place a check mark by any of the items listed below that you have started or accomplished that were influenced by your employer. *(Check all that apply)*
    - ☐ Started regular exercise program
    - ☐ Maintained regular exercise program
    - ☐ Developed skills to manage the stress in my life
    - ☐ Cut back on smoking
    - ☐ Stopped smoking
    - ☐ Developed healthier eating habits

19. Please rate your interest in the following topics:

	No Interest	*Somewhat*	*High*	*Very High*
Tobacco Cessation	☐	☐	☐	☐
Nutrition/Weight Management	☐	☐	☐	☐
Physical Activity	☐	☐	☐	☐
Cancer Prevention	☐	☐	☐	☐
Stress Management	☐	☐	☐	☐
Diabetes Prevention and Control	☐	☐	☐	☐
Alcohol/Substance Abuse Prevention	☐	☐	☐	☐
Asthma/Allergies	☐	☐	☐	☐
Heart Disease and Stroke	☐	☐	☐	☐

20. Would you participate in any of the following wellness activities on a regular basis if they were offered at work? (Please check all that interest you)

- ☐ Smoking cessation program
- ☐ Weight management program
- ☐ Fitness challenge
- ☐ Walking program
- ☐ Diabetes Risk Quiz
- ☐ Stress management program
- ☐ Blood test for cholesterol
- ☐ Blood pressure screening
- ☐ Cancer screening program
- ☐ Healthy cooking/eating program

21. If you were to receive information about activities, health topics, news or tips about healthy lifestyles, what would be your preferred way to get that information?

A dedicated bulletin board ☐
Weekly e-mail tips ☐
Discussion at employee meetings ☐
Newsletter ☐

22. Do you have a Primary Care Physician? ☐ Yes ☐ No
23. Have you seen a Primary Care Physician in the last 2 years? ☐ Yes ☐ No

Demographics: This section is optional.

24. Height: ______ feet, ______ inches
25. Weight: ______ lbs
26. Gender: ☐ female ☐ male
27. Age group:
☐ Under 21 ☐ 21-30 ☐ 31-40 ☐ 41-50 ☐ 51-60 ☐ 60+
28. Use the following lines for any comments or suggestions you have related to the wellness program.

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Thank you for taking the time to complete this survey!