



## 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?

	<i>Yes, Limited a lot</i>	<i>Yes, Limited a little</i>	<i>No, not limited at all</i>
a. <u>Moderate activities</u> , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Climbing <u>several</u> flights of stairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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...

	<i>All of the time</i>	<i>Most of the time</i>	<i>A good bit of the time</i>	<i>Some of the time</i>	<i>A little of the time</i>	<i>None of the time</i>
a. Have you felt calm and peaceful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Did you have a lot of energy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you felt downhearted and blue?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

<i>All of the time</i>	<i>Most of the time</i>	<i>A good bit of the time</i>	<i>Some of the time</i>	<i>A little of the time</i>	<i>None of the time</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.)?

<i>All of the time</i>	<i>Most of the time</i>	<i>A good bit of the time</i>	<i>Some of the time</i>	<i>A little of the time</i>	<i>None of the time</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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?

	<i>Yes</i>	<i>No</i>
a. <u>Accomplished less</u> than you would like	<input type="checkbox"/>	<input type="checkbox"/>
b. Were limited in the <u>kind</u> of work or other activities	<input type="checkbox"/>	<input type="checkbox"/>

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)?

	<i>Yes</i>	<i>No</i>
a. <u>Accomplished less</u> than you would like	<input type="checkbox"/>	<input type="checkbox"/>
b. Did work or other activities <u>less carefully than usual</u>	<input type="checkbox"/>	<input type="checkbox"/>

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*)

	<i>All of the time</i>	<i>Most of the time</i>	<i>Half of the time</i>	<i>Some of the time</i>	<i>None of the time</i>
a. Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Back Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)

	<i>Not Planning to</i>	<i>Planning to in next 6 months</i>	<i>Planning to in next month</i>	<i>Have been less than 6 months</i>	<i>Have been more than 6 months</i>	<i>Not A Problem</i>
a. Eat a healthier diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Increase physical activity level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Lose weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Manage stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Stop using tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Reduce alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)
- | <i>"My employer has provided me the opportunity to..."</i> | <i>Strongly Disagree</i> | <i>Disagree</i>          | <i>Somewhat Agree</i>    | <i>Agree</i>             | <i>Strongly Agree</i>    |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Be physically active                                    | <input type="checkbox"/> |
| b. Eat a healthy diet                                      | <input type="checkbox"/> |
| c. Stop using tobacco products                             | <input type="checkbox"/> |
| d. Manage my stress  | <input type="checkbox"/> |

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)

- |   |  |
|---|--|
| <input type="checkbox"/> Started regular exercise program                 | <input type="checkbox"/> Cut back on smoking               |
| <input type="checkbox"/> Maintained regular exercise program              | <input type="checkbox"/> Stopped smoking                   |
| <input type="checkbox"/> Developed skills to manage the stress in my life | <input type="checkbox"/> Developed healthier eating habits |

19. Please rate your interest in the following topics:

	<i>No Interest</i>	<i>Somewhat</i>	<i>High</i>	<i>Very High</i>
Tobacco Cessation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition/Weight Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes Prevention and Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance Abuse Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma/Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease and Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)

- |  |   |
|--|---|
| <input type="checkbox"/> Smoking cessation program | <input type="checkbox"/> Stress management program      |
| <input type="checkbox"/> Weight management program | <input type="checkbox"/> Blood test for cholesterol     |
| <input type="checkbox"/> Fitness challenge         | <input type="checkbox"/> Blood pressure screening       |
| <input type="checkbox"/> Walking program           | <input type="checkbox"/> Cancer screening program       |
| <input type="checkbox"/> Diabetes Risk Quiz        | <input type="checkbox"/> 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      | <input type="checkbox"/> |
| Weekly e-mail tips              | <input type="checkbox"/> |
| Discussion at employee meetings | <input type="checkbox"/> |
| Newsletter                      | <input type="checkbox"/> |

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!**

**For more information about Healthy Maine Works visit: [www.HealthyMaineWorks.com](http://www.HealthyMaineWorks.com)**