

Name _____ Personal Email* _____

Cell Phone Number* _____ Cell Phone Carrier* _____

** We need this so we can send you occasional text and email message reminders about simple behavior change tasks.*

As you complete this Personal Health Assessment (PHA) you will be asked questions about your habits, emotions, healthcare use, and health risks such as blood pressure, cholesterol, and glucose; your answers will result in feedback for you and while your answers will be combined with others to help us plan details of the wellness program, you will never be identifiable; your answers will never be shared with your employer; if you give us permission, we may share your answers with a health coach or other health professional who shares the goal of helping you improve your health; and we comply with federal privacy and security protocol designed to protect your data. We invite you to complete the entire PHA but if not, answer at least question 34 and 35 so that our system can recommend screenings appropriate for you.

Please answer EVERY question by circling or filling in the best answer.

1. How many days per week do you usually exercise? For example, walking, jogging, or aerobics class.	0	1	2	3	4	5+					
2. During the past week, how many total minutes did you participate in exercise? Enter number of minutes up to 999.	_____										
3. During the past week, how many days did you get enough sleep so that you awoke feeling rested and refreshed?	0	1	2	3	4	5	6	7			
4. How many servings of fruit do you usually have each day ? (A serving is a half-cup chopped, fresh or canned fruit).	0	1	2	3	4	5+					
5. How many servings of vegetables do you usually have each day ? (A serving is a half-cup chopped, fresh or canned vegetables).	0	1	2	3	4	5+					
6. How many servings of whole grain do you usually have each day ? (A serving is a half-cup of brown rice or whole grain cereal, or a slice of whole grain bread).	0	1	2	3	4	5+					
7. How often do you drink high-sugar drinks such as non-diet soda pop, kool-aid, juice or sweetened-tea?	Rarely/Never		Occasionally		1-2 times a day		3-4 times a day		5+ times a day		
8. When you travel by car, what percentage of the time do you wear a seat belt ?	0	10	20	30	40	50	60	70	80	90	
9. This past week, how many times were you distracted while driving? (Including the use of a cell phone)	0 times	1	2	3	4	5+ times					
10. During the past week , how many days did you smoke cigarettes or cigars ?	0	1	2	3	4	5	6	7			
11. During the past week , how many days did you use smokeless tobacco ?	0	1	2	3	4	5	6	7			
12. On average, how many alcoholic beverages do you consume each day ? (One alcoholic beverage includes a 12 oz beer, 5 oz glass of wine, or 1.5 oz of liquor).	0	1	2	3	4	5	6	7+			
13. During the past 3 months , how often has your normal, daily routine been disrupted by feeling very depressed ?	0 times	1	2	3	4	5	6+ times				
14. During the past 3 months , how often has your normal, daily routine been disrupted by feeling very anxious or stressed ?	0 times	1	2	3	4	5	6+ times				
15. During the past 3 months , how often has your normal, daily routine been disrupted by feeling very lonely ?	0 times	1	2	3	4	5	6+ times				
16. During the past year, how much has financial stress affected your health?	None	Not Much	Some	Alot							
17. Do you have any friends or family members with whom you can share personal challenges or issues?	No	Yes									

Please flip the page to complete this assessment

18. In general, how would you rate your overall health ? (10 = Excellent).	1	2	3	4	5	6	7	8	9	10	
19. I have a sense of purpose in life.	Strongly Disagree		Disagree		Neutral		Agree		Strongly Agree		
20. In general, how satisfied are you with your life ? (10 = Totally satisfied).	1	2	3	4	5	6	7	8	9	10	
21. In general, how satisfied are you with your job ? (10 = Totally satisfied).	1	2	3	4	5	6	7	8	9	10	NA
22. How would you rate your overall job performance on the days you worked during the past 4 weeks? (1 = worst 10 = best).	1	2	3	4	5	6	7	8	9	10	NA
23. My employer cares about my overall well-being.	Strongly Disagree		Disagree		Neutral		Agree		Strongly Agree		
24. In the past year, due to your own personal illness or injury, how many times did you miss at least one day of work?	0	1	2	3	4	5	6	7	8+ times	NA	
25. In the past year, how many times did you visit any health care provider ? (Not including pre-natal visits).	0	1	2	3	4	5	6	7	8+ times		
26. In the past year, how many nights did you stay in the hospital ? (Not including childbirth).	0	1	2	3	4	5	6	7	8+ times		
27. In the past year, how many visits did you make to the emergency room for your own care?	0	1	2	3	4	5	6		8+ times		
28. Please enter your height and weight .	Height _____ Feet _____ Inches					Weight _____ Pounds					
29. What was your blood pressure when it was last checked? <i>Healthy is 129/79 or lower, At risk is 130/80 to 139/89, High risk is 140/90+</i>	Healthy Skip to 27		At risk		High risk		Not sure		Never had it checked		
30. Please tell us what you are doing for your blood pressure condition . Select the primary action you are taking.	Nothing		Taking meds		Being treated		Changing lifestyle				
31. What was your total cholesterol when it was last checked? <i>Healthy is 199 or lower, Borderline is 200-239, High is 240+</i>	Healthy Skip to 29		Borderline		High		Not sure		Never had it checked		
32. Please tell us what you are doing for your cholesterol condition . Select the primary action you are taking.	Nothing		Taking meds		Being treated		Changing lifestyle				
33. What was your HDL cholesterol when it was last checked? <i>Healthy is 60 or higher, Borderline is 40-59, Low is 39 and lower</i>	Healthy		Borderline		Low		Not sure		Never had it checked		
34. What was your LDL cholesterol when it was last checked? <i>Healthy is 130 or lower, Borderline is 131-159, High is 160+</i>	Healthy		Borderline		High		Not sure		Never had it checked		
35. What was your fasting blood glucose when it was last checked? <i>Healthy is 99 or lower, Borderline is 100-125, High is 126+</i>	Healthy Skip to 33		Borderline		High		Not sure		Never had it checked		
36. Please tell us what you are doing for your blood glucose condition . Select the primary action you are taking.	Nothing		Taking meds		Being treated		Changing lifestyle				
37. Health Coaches could help you if they knew your needs and concerns. If Health Coaching were offered to you, could we share your assessment results with a Health Coach?	Yes		No								
38. What is your gender?	Male		Female								
39. What is your date of birth? (month/day/year)	____/____/_____										
40. Please check all that apply. I would like help to:											
	Increase my exercise.			Improve my sleep quality.			Increase my fruit intake.				
	Increase my vegetable intake.			Increase my whole grain intake.			Reduce my stress.				

Thank you for answering the questions in this assessment!