Question	Answer Range	Point Value	Question Category
What is your employee ID number? Please include any zeros.			Survey
Employee ID #			
Dependent (spouse/child): Enter 11111			
Retiree: Enter 22222			
Please fill in your basic information			Survey
Last Name			
First Name			
Home Address			
City/Town			
State			
Zip			
E-mail Address			
Home Phone Number (include area code)			
Male or Female			Survey
Male			
Female			
Date of Birth			Survey
How many computer do you have in your home?			Survey
None			
1			
2			
3 or more			
Do you have internet access at home?			Survey
No			
Yes, very limited			
Yes, unlimited			
How tall are you?			Survey
What is your current weight?			Survey

BMI			
	18.5 or under	1	Diagnostic
	18.5 - 25	3	
	25 - 30	2	
	31 or above	1	
What is your blood pressure (Example: 120/80)			Diagnostic
Top #/Systolic	90 or less	2	
	90 - 119	3	
	120 - 139	2	
	140 or above	1	
Bottom #/Diastolic	60 or less	2	Diagnostic
	60 - 80	3	
	81 - 89	2	
	90 or above	1	
Please fill in the following concerning your lipids (fats) in the blood.			Diagnostic
Total Cholesterol	Less than 200	3	
	200 - 240	2	
	Greater than 240	1	
HDL (Healthy Cholesterol)			Diagnostic
	40 or above	3	
	39 or below	1	
LDL (Lousy Cholesterol)			Diagnostic
	100 or less	3	
	100 - 129	2	
	130 or above	1	
Triglycerides			Diagnostic
	150 or above	1	
	150 or below	3	
What is your glucose?			Diagnostic
	100 or below	3	
	101 - 126	1	
	127 or above	1	
Are you diabetic?			Diagnostic
	Yes	1	
	No	3	

Do you have asthma?			Diagnostic
	Yes	1	
	No	3	
Do you have allergies?			Diagnostic
	No	3	
	Very Mild	2	
	Seasonal	2	
	Chronic, year round	1	
What is your tobacco status?			Diagnostic
	I do not use tobacco	3	
	I use tobacco	1	
	I strictly use tobacco r	2	
How is your health in the following joints			Diagnostic
Back	Healthy	3	
	Occ Pain	2	
	Constant	1	
Shoulders	Healthy	3	Diagnostic
	Occ Pain	2	
	Constant	1	
Knees	Healthy	3	Diagnostic
	Occ Pain	2	
	Constant	1	
Ankles	Healthy	3	Diagnostic
	Occ Pain	2	
	Constant	1	
Hips	Healthy	3	Diagnostic
	Occ Pain	2	
	Constant	1	
Wrists	Healthy	3	Diagnostic
	Occ Pain	2	
	Constant	1	
Elbows	Healthy	3	Diagnostic
	Occ Pain	2	
	Constant	1	
Neck	Healthy	3	Diagnostic
	Occ Pain	2	

	Constant	1	
Please Mark all that apply (tobacco use related)			Survey
Do you or your significant other have Sleep Apnea			Diagnostic
	No	3	
	I think so, but never b	2	
	Yes	1	
How many ounces of water per day do you drink?			Physical
	96oz (8, 12 oz contain	3	
	48 - 95 oz (4 - 7, 12 oz	2	
	Less than 48 oz per da	1	
	None	1	
What is the dominant cooking style for the foods you eat?			Physical
	Baked, steamed & roa	3	
	Boiled, deep fried, & r	1	
What is the percentage of processed foods in your diet? (packaged, boxed, bag			Physical
	75% or more	1	
	50% or less	2	
	25% or less	3	
	Never or almost neve	3	
What percent of dairy products are low fat? (1% or less)			Physical
	75% or more	3	
	50% or less	2	
	25% or less	1	
	Never or almost neve	1	
What percent of your bread, rice, and pasta is whole wheat or whole grain?			Physical
	75% or more	3	
	50% or less	2	
	25% or less	1	
	Never or almost neve	1	
What percent of your protein comes from lean cuts of meat such as poultry an			Physical
	75% or more	3	
	50% or less	2	
	25% or less	1	
	Never or almost neve	1	
	I don't get protein fro	3	
How many minutes of total exercise do you get per week?			Physical
	60 min or less	1	
	60 - 119 min	2	

	120 - 359 min	3	
	360 or more	3	
How many hours per day do you spend sitting			Physical
	More than 9 hrs/day	1	
	4-9hrs/day	2	
	Less than 4 hrs/day	3	
How many days per week do you do the following?			Physical
Stretching	None	1	
	1	1	
	2	2	
	3 or more	3	
Strength training	None	1	Physcial
	1	1	
	2	2	
	3 or more	3	
Cardiovascular/Aerobic	None	1	Physical
	1	1	
	2	2	
	3 or more	3	
How many hours per day do you spend doing the following/			Physical
Phone	None	3	
	1 or less	3	
	2 to 3	1	
	3 or more	1	
Computer	None	3	Physical
	1 or less	3	
	2 to 3	1	
	3 or more	1	
TV	None	3	Physical
	1 or less	3	
	2 to 3	1	
	3 or more	1	
How often do you eat fast food?	Never or almost neve	3	Physical
	1-3 times per week	3	
	4-5 times per week	1	
	Every day	1	

How often do you limit your intake of sugar?			Physical
	Never or almost neve	1	
	Occasionally	1	
	Often	2	
	Very Often	3	
	Always or almost alwa	3	
Do you add extra salt to your food?			Physical
	Never or almost neve	3	
	Occasionally	3	
	Often	2	
	Very Often	1	
	Always or almost alwa	1	
How often do you get 5 servings of fruits and vegetables per day? (5 all togethe			Physical
	75% or more	3	
	50% or less	2	
	25% or less	1	
	Never or almost neve	1	
What percentage of your drinks are sugar based? (sodas, sweet tea, lemonade			Physical
	75% or more	1	
	50% or less	1	
	25% or less	2	
	Never or almost neve	3	
How many hours per night/day do you sleep. This may depend on your work s			Mental
	Less than 5 hrs	1	
	5-6hrs	2	
	7-8hrs	3	
	8 or more hrs	3	
What percentage of the time do you feel outside factors affect your ability to p			Mental
	Never or almost neve	3	
	Occasionally	2	
	Often	1	
	Very often	1	
	Always or almost alwa	1	
I can have fun without the use of drugs or alcohol			Mental
	Never or almost neve	1	
	Occasionally	1	
	Often	2	
	Very often	3	
	Always or almost alwa	3	
I would define my relationship with others as healthy. (family, friends, cowork			Mental

	Never or almost neve	1	
	Occasionally	1	
	Often	2	
	Very Often	3	
	Always or almost alwa	3	
I take time to enjoy a social life with family and friends			Mental
	Never or almost neve	1	
	Occasionally	1	
	often	2	
	Very often	3	
	Always or almost alwa	3	
I tolerate other people regardless of their opinions and habits			Mental
	Never or almost neve	1	
	Occasionally	1	
	Often	2	
	Very often	3	
	Always or almost alwa	3	
I feel good about myself in all aspects of my life			Mental
	Never or almost neve	1	
	Occasionally	1	
	Often	2	
	Very Often	3	
	Always or almost alwa	3	
I seek opportunities to learn new things			Mental
	Never or almost neve	1	
	Occasionally	1	
	Often	2	
	Very often	3	
	Always or almost alwa	3	
I feel like my life has meaning and purpose			Mental
	Never or almost neve	1	
	Occasionally	1	
	Often	2	
	Very often	3	
	Always or almost alwa	3	
I find ways to numb out			Mental
	Never or almost neve	3	
	Sometimes	2	
	Aways or almost alwa	1	
Where does the majority of your stress come from?			Mental (Survey)

	Personal Relationships		
	Work		
	Finances		
	Health Issues		
	Other		
When was the last time you had a colonoscopy			Self Care
	I am under 50 years o	3	
	In the last year	3	
	In the last 3 years	3	
	In the last 5 years	2	
	Never	1	
How often do you protect yourself from the sun. (sun screen, hats, avoiding ta			Self Care
	75% or more	3	
	50% or less	2	
	25% or less	1	
	None	1	
I am currently under a blood pressure management plan			Self Care
	Yes	3	
	No	1	
	I know for sure my blo	3	
	I do not know if I neec	1	
What is your status			Survey
	Male over 40		
	Male under 40		
	Female over 40		
	Female under 40		
How long has it been since you had a rectal exam for the prostate? (not just a			Self Care
	I am under 40	3	
	Less than 1 year	3	
	1-2 years	3	
	More than 2 years	1	
	Never	1	
How often do you do a self examination for testicular cancer?			Self Care
	Every month	3	
	Every 3-6 months	2	
	Never or almost neve	1	
When was the last time you had a mommogram?			Self Care
	I am under 40	3	
	Less than 1 year	3	
	1-2 years	3	

	2-3 years	2	
	3-5 years	1	
	Never	1	
How long has it been since you had a pap smear?			Self Care
	Less than 1 year	3	
	1-2 years	3	
	2-3 years	2	
	3-5 years	1	
	Never	1	
How often do you do a self examination of your breast for cancer?			Self Care
	Every month	3	
	Every 3-6 months	2	
	Never or almost neve	1	
How often do you get your teeth cleaned by the dentist?			Self Care
	Every 6 months	3	
	Once a year	2	
	Less than once per ye	1	
	Never or almost neve	1	
I recycle paper, plastic, glass, aluminum, etc…			Occ/Env/Sfty
	75% or more	3	
	50% or less	2	
	25% or less	1	
	Never or almost neve	1	
How often do you wear a seatbelt?			Occ/Env/Sfty
	Never or almost neve	1	
	Occasionally	1	
	Often	2	
	Very often	2	
	Always or almost alwa	3	
How close to the speed limit do you drive?			Occ/Env/Sfty
	Less than 5 mph over	3	
	6-10 mph over	2	
	11-15 mph over	1	
	More than 15 mph ov	1	
How many total drinks per week do you typically consume?			
4oz of wine	None	3	Occ/Env/Sfty
	Occassionally	3	
	1-4 drinks	3	
	5-10 drinks	1	

	10 or more drinks	1	
12 oz beer	None	3	Occ/Env/Sfty
	Occassionally	3	
	1-4 drinks	3	
	5-10 drinks	1	
	10 or more drinks	1	
1.5oz liquor	None	3	Occ/Env/Sfty
	Occassionally	3	
	1-4 drinks	3	
	5-10 drinks	1	
	10 or more drinks	1	
On a scale of 1-5, how much do you enjoy your work? (5 being the most and 1 l			Occ/Envy/Sfty
	1	1	
	2	1	
	3	2	
	4	3	
	5	3	
On a scale of 1-5 how safe do you feel at work? (5 being the most and 1 being t			Occ/Env/Sfty
	1	1	
	2	1	
	3	2	
	4	2	
	5	3	
I am satisfied with my ability to manage and control work time and liesure time			Occ/Env/Sfty
	Never or almost neve	1	
	Occassionally	1	
	Often	2	
	Very often	3	
	Always or almost alwa	3	