



English ▾

### Organizational Wellness Information

Your health information is confidential and will only be accessible to Panhandle Public Health District for health, safety, and well-being purposes. All of the personal data will be stored in a confidential, secure location and will be compiled in aggregate form for reporting purposes with no personally identifiable details. This aggregated reporting information will allow your employer to understand the health, safety, and well-being needs of their population. Based on how you answer certain questions, your information may be sent as a referral to a Panhandle Public Health District representative for further follow-up. Participation in the follow-up is completely voluntarily. Do you agree to this consent and to share your answers and/or follow-up with PPHD?

Yes, type full name

How satisfied are you with your employers' efforts to assist with your well-being?

Very                      Somewhat                      Neutral                      Not Satisfied

Do you feel your workplace/organization cares about your well-being?

Yes  
 No

What would you like your company to know regarding their wellness and well-being program?

What other health initiatives do you wish your worksite offered?

How would you describe your workplace culture? (example: work environment, leadership, communication, and co-workers)

- Great! This place is awesome!
- Above average, has a few things that need improvement, but overall good
- Below average, needs improvement in several areas
- Poor, needs a lot of improvement

## Biometrics Screening Information

### Biometric Screening Results

Weight (pounds)

Height (inches)

BMI (ideal: <25)

Systolic Blood Pressure (top number; ideal: <120)

Diastolic Blood Pressure (bottom number; ideal: <80)

Total Cholesterol (ideal: <200)

HDL (ideal: >40)

LDL (ideal: <130)

Triglycerides (ideal: <150)

Glucose (ideal: <100)

TC/HDL Ratio (ideal: 4.5 or less)

Non-HDL (ideal: <130)

## Medical Information

Have you received a flu shot in the last year?

- Yes
- No

Have you received the COVID vaccination?

- Yes
- No

Are you interested in learning more regarding COVID vaccination dates and times?

- Yes, please send me information
- No, not at this time, thanks!

When was your last annual exam?

- Within the last 6 months
- Within the last year
- Two years ago
- More than 2 years ago

When was your last dentist appointment?

- Within the last 6 months
- Within the last year
- Within the last two years
- More than two years ago

Have you had a colorectal cancer screening in the last year?

- Yes
- No
- Not Applicable

Are you 45-74 years old and interested in a FREE colorectal screening kit?

Yes

No

How many days in the past year, did you miss work due to illness or injury?

None ▲

1 or 2 days

3-5 days

6 or more ▼

How many days in the past year, did you come into work when they should have stayed home? (example: coming in sick or working overly long hours)

None ▲

1 or 2 days

3-5 days

6 or more ▼

## Mental Health & Substance Misuse

Think about the past week, how many times did you feel stressed, depressed, overwhelmed, or like you can't fully focus on your work duties?



1-2 days  
3-4 days  
5-6  
Everyday

Has your physical or mental health kept you from doing your normal activities?

- Yes  
 No

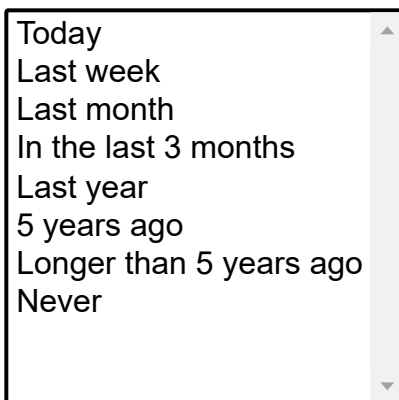
Are you interested in any type of referral or follow-up in response to the above questions?

- Yes  
 No

Are you interested in learning more regarding suicide prevention?

- Yes  
 No

When was the last time you smoked or used any tobacco products (cigarettes, chew, snuff, pipes, cigars, vapor cigarettes)?



Today  
Last week  
Last month  
In the last 3 months  
Last year  
5 years ago  
Longer than 5 years ago  
Never

I'm interested in learning more about quitting smoking?

- Yes, I'm interested, send me information
- No, not at this time

Are you interested in learning more regarding Panhandle resources on substance misuse of opioids, narcotics, or methamphetamine?

- Yes, please send me information
- No, not at this time

How many alcoholic drinks do you drink per day?

- None
- 1-3 drinks per day
- 3+ per day
- 1-2 per month

Are you interested in learning more regarding Panhandle resources?

- Yes, please send me information
- No, not at this time

## Prevention Questions

Do you always fasten your seat belt when you are in a car?

- Yes
- No

Are you interested in learning more about the benefits of seat belts?

- Yes, please send me information
- No, not right now

On average, how often do you get at least 7 to 8 hours of sleep each day?

- Almost always
- Most of the time
- Less than half the time
- Seldom or never

How frequently are you exposed to the sun in work or recreation?

- 100% of the time
- 50% of the time
- 25% of the time
- 5-10% of the time
- No exposure

Are you interested in receiving more information regarding sun exposure?

- Yes
- No

## Exercise and Nutrition

How often do you get 150 minutes of moderate-intensity activity each week? (examples: bike riding, walking, running, swimming, playing sports)

- 5+ days
- 3-4 days
- 1-2 days
- None

How many times per week do you do strength-building exercises? (examples: body weight exercises such as squats or weight lifting)

- 3+ times per week
- Twice per week

- Once we week
- None

How many times per week do you do stretching exercises? (example: yoga)

- 3+ times per week
- Twice per week
- Once per week
- None

Are you able to safely walk, bike or roll to:

	Yes	No	Live in Country	NA
Work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Around your neighborhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other locations in the community, to get groceries, go to the library, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School with your child(ren)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Select which eating plan you follow, please indicate below?

- Diabetic
- Gluten Sensitivities
- High Fat (Keto, Paleo, or meat based diet)
- High Fiber
- Low Sodium (DASH Diet)
- Lactose Intolerance
- Low Fat
- Specific food allergy or sensitivity diet
- Vegan or Vegetarian
- Other/Comments

Do you have access to fresh fruits and veggies in your community?



Yes

No

On average, how many servings (serving: 1 cup of fresh or raw vegetables or 1 medium piece of fruit) fruits and vegetables do you eat each day?

4 servings

3 servings

1-2 servings

0 servings

On average, how many servings of whole grains (1 piece of bread, 1 cup of whole-grain rice or cereal) do you eat each day?

4+ servings

3 servings

1-2 servings

0 servings

On average, how many ultra-caffeinated or sugar-sweetened beverages did you consume (such as soda, energy drinks, coffee, etc.) per day?

5-7

3-4

1-2

0

## Interest Surveys

Please select which educational programs you are likely to take part in at work?

- Blood Pressure Control
- Caring for Adult Parents
- Cancer Risk Reduction
- CPR/Basic Life Support Training
- Financial Wellness
- Healthy Back
- Healthy Heart
- Injury Prevention
- Parenting (including lactation information)
- Planning for Retirement
- Safety (cell phone use, seat belts, etc.)
- Sleep

- Smoking Cessation
- Stress Management
- Substance Misuse
- Suicide Prevention
- Time Management
- Work/Life Balance

Please select which ways you prefer the educational programs delivered?

- Email
- In-person
- Recordings
- Staff meetings
- Text message
- Virtual

Please select the best dates and times for the educational and health promotional classes?

- Before work
- During work or on-duty
- Lunch hour or breaks
- After work or off-duty

What is your preference for receiving wellness-related information?

- Books/materials
- Direct mail
- Doctor/Physician/Nurse Practitioner
- Email
- Group support
- Health fair or screening
- Newsletter
- On-site workshops
- Online programs

- Self-directed (self-paced program)
- Text messages
- Videos

Please select which fitness information are you interested in learning more about?

- Biking
- Bowling
- Dancing
- Gardening
- Group Exercise Classes
- Mapping of facility to promote walking path
- Meditation
- Rowing
- Rollerblading
- Running
- Skating
- Skiing
- Sporting leagues (such as volleyball or softball)
- Strength Training
- Stretching
- Tai Chi
- Walking or other exercises
- Water activities
- Yoga
- Other/Comments

Please select which nutrition information are you interested in learning more about?

- Healthy cooking
- Healthy eating
- Healthy food options at Company-Sponsored events
- Healthy vending options
- Weight management

Other/Comments

Are you interested in National Diabetes Prevention Program (NDPP)? NDPP is a healthy living program that is suitable for people with prediabetes and hypertension. This program will provide a trained lifestyle coach, 16 weekly meetings with twice-monthly follow up, CDC approved curriculum and group support.

- Yes, I'm interested
- No, not at this time

Are you interested in LivingWell? LivingWell is a 6-week, 2 hour, workshop/meetings. You will get support from people like you, learn relaxation and other strategies to deal with pain, fatigue, & frustration, discover how healthy eating can improve your condition, create an activity program that works for you, understand new treatment choices, and explore how to talk with your doctor and your family about your needs.

- Yes, I'm interested
- No, not at this time

Are you interested in health coaching? Health coaching is a one-on-one coaching session with a certified health coach. Health & Wellness Coaching is an evidence-based means of supporting people as they improve their physical and behavioral health and well-being.

- Yes, I'm interested
- No, not at this time

Healthy Families partners with families to give them the tools and resources to be confident parents. Families are welcomed at pregnancy or within three months of birth. Are you, or someone you know, interested in the Healthy Families program?

- Yes, I'm interested
- No, not at this time

Are you interested in helping or assisting with company sponsored health initiatives?

- Yes, please sign me up
- No, not at this time

What would motivate you to participate in the wellness program? (Note: not all options listed below are/would be available at your workplace)

- Additional opportunities for philanthropic or volunteer activity
- Benefits based wellness incentive program
- Cash
- Extra PTO
- Flex Scheduling
- Gift Cards
- HSA Contribution
- Recognition
- Other/Comments

### Demographics

Full Name

Employer's Name

Mailing Address, City, Zip

Gender

- Male
- Female
- Other

What is your ethnicity?

- African American
- Native American
- Hispanic
- Native Hawaiian
- Indian
- Asian
- Caucasian
- Pacific Islander
- Other

Date of Birth (MM/DD/YYYY)

Preferred E-mail Address

In general, how would you rate your health?

Excellent

Very Good

Good

Fair

Poor

What is your preferred language?

English

Spanish

Other

What is the highest grade or level of school that you completed?

8th grade or less  
Some high school, but didn't graduate  
High school graduate or GED  
Some college or 2 year degree  
4 year college graduate  
More than 4 year college degree

Do you have a computer in your home with internet access?

- Yes  
 No

My current living situation is:

- I own  
 I rent  
 I have temporary housing  
  Other

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