
Wellness Profile - Questionnaire

G1. Of all the possible actions you could take in order to prevent disease and maintain/enhance your health, how much do you estimate you are currently doing?

1. 0% (none at all)
2. 25%
3. 50%
4. 75%
5. 100% (all possible)

G2. Which area of behavior would you most like to change in order to improve your health?

1. Exercise
2. Nutrition
3. Weight Management
4. Alcohol
5. Tobacco (smoking)
6. Stress Management

EX1. Considering your time both OUTSIDE OF WORK and AT WORK, how many days a week do you get 10 or more minutes of continuous aerobic activity like brisk walking (3-4 mph), sweeping floors, mowing a lawn, digging dirt, running, swimming, or bicycling?

1. 1 day a week
2. 2 days a week
3. 3 days a week
4. 4 days a week
5. 5 or more days a week
6. None

If you answered 'None' to question EX1, go to question EX10.

EX2. While doing your job, how many days a week do you work continuously for at least 10 minutes at a time doing vigorous aerobic activities like lifting and carrying heavy items, shoveling sand, or digging ditches by hand?

1. 1 day a week
2. 2 days a week
3. 3 days a week
4. 4 days a week
5. 5 days a week
6. None

If you answered 'None' to question EX2, go to question EX4.

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EX3. On average, how many total minutes a day are you doing these job-related, vigorous aerobic activities? Only count the time you are continuously active for 10 or more minutes per activity session.

1. 10 minutes a day
2. 20 minutes a day
3. 30 minutes a day
4. 45 minutes a day
5. 60 minutes a day
6. 75 or more minutes a day

EX4. Again, while doing your job, how many days a week do you work continuously for at least 10 minutes at a time doing moderate-intensity aerobic activities like brisk walking (3-4 mph), mowing lawns, vacuuming floors, or carpentry work?

1. 1 day a week
2. 2 days a week
3. 3 days a week
4. 4 days a week
5. 5 days a week
6. None

If you answered 'None' to question EX4, go to question EX6.

EX5. On average, how many total minutes a day are you doing these job-related, moderate aerobic activities? Remember, only count the time you are continuously active for 10 or more minutes per activity session.

1. 10 minutes a day
2. 20 minutes a day
3. 30 minutes a day
4. 45 minutes a day
5. 60 minutes a day
6. 75 or more minutes a day

EX6. Now think about your activities outside of work. How many days a week do you engage in at least 10 minutes of vigorous aerobic activities like running or fast bicycling where you are continuously moving and breathing deeper and faster than normal?

1. 1 day a week
2. 2 days a week
3. 3 days a week
4. 4 days a week
5. 5 or more days a week
6. None

If you answered 'None' to question EX6, go to question EX8.

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EX7. On average, how many total minutes a day are you doing these outside-of-work, vigorous aerobic activities? Only count the time you are continuously active for 10 or more minutes per activity session.

1. 10 minutes a day
2. 20 minutes a day
3. 30 minutes a day
4. 45 minutes a day
5. 60 minutes a day
6. 75 or more minutes a day

EX8. Again, looking only at your activities outside of work, how many days a week do you engage in at least 10 minutes of continuous, moderate-intensity aerobic activities like brisk walking (3-4 mph), vacuuming floors, or playing golf without a cart?

1. 1 day a week
2. 2 days a week
3. 3 days a week
4. 4 days a week
5. 5 or more days a week
6. None

If you answered 'None' to question EX8, go to question EX10.

EX9. On average, how many total minutes a day are you doing these outside-of-work, moderate aerobic activities? Remember, only count the time you are continuously active for 10 or more minutes per activity session.

1. 10 minutes a day
2. 20 minutes a day
3. 30 minutes a day
4. 45 minutes a day
5. 60 minutes a day
6. 75 or more minutes a day

EX10. Considering your time both OUTSIDE OF WORK and AT WORK, are you regularly doing activities that maintain or increase the strength of the muscles in your arms, shoulders, chest, back, abdomen, and legs?

1. No
2. Yes, some of these muscle groups
3. Yes, all of these muscle groups

If you answered 'No' to question EX10, go to question NU1.

EX11. How many days a week are you doing these muscle-enhancing activities?

1. Less than 1 day a week
2. 1 day a week
3. 2 or more days a week



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NU1. On average, how many servings of fruit do you eat a day? Serving: 1 cup fresh, canned, or frozen fruit; 1/2 cup dried fruit; and 1 cup 100% fruit juice. Examples: oranges, apples, dates, peaches, melons, berries, bananas, grapes, and raisins.

1. Less than 1 serving a day
2. 1 serving a day
3. 2 servings a day
4. 3 or more servings a day
5. None

NU2. How many types of vegetables do you eat a least once a week? (1) Dark-green leafy or broccoli, (2) red or orange, (3) beans or peas (not green), (4) starchy (white potatoes, corn, green peas), and (5) other (includes green beans).

1. 1 vegetable type
2. 2 vegetable types
3. 3 vegetable types
4. 4 vegetable types
5. 5 vegetable types
6. None

If you answered 'None' to question NU2, go to question NU4.

NU3. On average, how many servings of vegetables do you eat a day? Serving: 1 cup raw or cooked vegetable, 2 cups leafy salad greens, 1/2 cup dried vegetable, and 1 cup 100% vegetable juice.

1. Less than 1 serving a day
2. 1 serving a day
3. 2-3 servings a day
4. 4 or more servings a day

NU4. On average, how many servings of dairy foods do you eat a day? Serving: 1 cup milk, yogurt, or fortified soy milk; 2 slices of natural cheese or 3 slices of processed cheese; and 1 1/2 cups ice cream. Do not include cream, sour cream, or cream cheese.

1. Less than 1 serving a day
2. 1-2 servings a day
3. 3 servings a day
4. 4 or more servings a day
5. I eat dairy substitute foods
6. None



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NU5. How many types of protein foods do you eat at least once a week? (1) Meat, poultry, or eggs; (2) seafood; and (3) nuts, seeds, or soy products.

1. 1 protein food type
2. Type 1 and type 3
3. 2 types including type 2 (seafood)
4. 3 protein food types
5. I am a vegetarian
6. None

If you answered 'I am a vegetarian' or 'None' to question NU5, go to question NU7.

NU6. On average, how many servings of protein foods do you eat a day? Serving: 1 ounce of meat, poultry, or seafood; 1 egg; and 1 Tbsp peanut butter or 1/2 ounce nuts (about 12 almonds).

1. Less than 1 serving a day
2. 1-4 servings a day
3. 5-7 servings a day
4. 8 or more servings a day

NU7. Of all the grain foods you eat, what percent are whole-grain foods like whole-wheat bread, whole-grain cereal and crackers, oatmeal, and brown rice? Refined-grain examples: white bread, refined-grain cereal and crackers, pasta, and white rice.

1. None
2. Less than 50 percent
3. About 50 percent
4. More than 50 percent
5. I cannot eat gluten

NU8. On average, how many foods do you eat a day that contain oil from vegetables or other plants? Examples: salad dressing, mayonnaise, soft margarine, peanut butter, nuts, sunflower seeds, avocados, and food cooked or prepared with oil.

1. Less than 1 food a day
2. 1 food a day
3. 2-3 foods a day
4. 4 or more foods a day

NU9. Rate how well you limit saturated fat in your diet by choosing lean cuts of beef, lamb, or pork; trimming visible fat from meat and the skin from poultry; choosing low-fat milk and cheese; and avoiding butter and baked goods like cakes and cookies.

1. Poor
2. Fair
3. Good



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NU10. Rate how well you limit sugar in your diet by avoiding drinks with added sugar, candy, cookies, cakes, sweet rolls, donuts, ice cream, pies, and by not adding sugar, jam or syrup to the foods you eat.

1. Poor
2. Fair
3. Good

NU11. Rate how well you limit sodium in your diet by not adding extra salt to your food during cooking or at the table, buying low-sodium food products, and eating fresh or frozen meat, poultry, and seafood instead of ready-to-eat meals.

1. Poor
2. Fair
3. Good

NU12. On average, how many alcoholic drinks do you have in a WEEK? A drink is a 12 oz. bottle or can of beer, a 5 oz. glass of wine, a 12 oz. wine cooler, or a shot of liquor.

1. None, do not drink alcohol
2. Less than 1 drink/week
3. 1-7 drinks/week
4. 8-14 drinks/week
5. More than 14 drinks/week

If you answered 'None', 'Less than 1 drink/wk', or 'More than 14 drinks/wk', go to question SF1.

NU13. What are the most alcoholic drinks you will have in a DAY?

1. 1 drink/day
2. 2 drinks/day
3. 3 drinks/day
4. 4 drinks/day
5. More than 4 drinks/day

If your NU12 answer is '8-14 drinks/week, the NU13 answer CANNOT be '1 drink/day'.

SF1. How many actions have you taken to be safe from poisons? (1) Do not overuse prescription drugs, (2) have a carbon monoxide detector in your house, (3) test your water for toxins like lead, and (4) test your house for radon gas.

1. 1 action
2. 2 actions
3. 3 actions
4. 4 actions
5. None



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SF2. How many actions do you take to be safe when riding in a motor vehicle? (1) Do not drive when sleepy or under the influence of alcohol/drugs, (2) do not drive while talking/texting on a handheld phone, (3) do not speed, and (4) always wear a seat belt.

1. 1 action
2. 2 actions
3. 3 actions
4. 4 actions
5. None

SF3. How many actions do you take to avoid overexertion injuries? (1) Lift heavy objects properly, (2) limit the amount of time you do repetitive physical tasks, and (3) do not overdo physical activities you are not accustomed to.

1. 1 action
2. 2 actions
3. 3 actions
4. None

SF4. How often do you wear sunscreen or protective clothing when you are in the sun?

1. Never
2. Occasionally
3. Often
4. Always

SF5. When riding a bicycle, motorcycle, or similar vehicle, how often do you wear a helmet?

1. Never
2. Occasionally
3. Often
4. Always
5. Do not ride such a vehicle

SF6. Does your home have a working smoke alarm inside each bedroom, outside each sleeping area, and on every level of the house?

1. Yes
2. No
3. Not sure

TB1. What is your exposure to secondhand smoke?

1. None
2. A little
3. A lot

TB2. Do you smoke or use any of these other tobacco products: cigars, pipes, chewing tobacco, snuff, or pouches?

1. Yes
2. No



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TB3. Do you smoke cigarettes?

1. Currently smoke
2. Used to smoke
3. Never smoked

If you answered 'Used to smoke' or 'Never smoked' to question TB3, go to question ST1.

TB4. What is the primary reason you have not quit smoking?

1. Cannot break the addiction
2. Too much stress in my life
3. Enjoy smoking
4. Afraid to gain weight

ST1. Do you think your current level of stress is high enough to affect your health or quality of life?

1. Yes
2. No

ST2. Do you often feel under pressure and constantly thinking or worrying about things that have to be done?

1. Yes
2. No

ST3. Do you often have a hard time relaxing or feel unable to relax?

1. Yes
2. No

ST4. Do you often feel angry or upset?

1. Yes
2. No

ST5. Do you often find yourself not getting a good, restful night of sleep because you are worried or upset about events or situations?

1. Yes
2. No

ST6. Do your friends or relatives often suggest you should slow down, take life easier, or relax more?

1. Yes
2. No

ST7. Do you often find yourself getting irritated or annoyed with other people?

1. Yes
2. No

ST8. Have you suffered a personal loss or misfortune in the past year that had a serious impact on your life?

1. Yes
2. No