



CDC National Healthy Worksite Program (NHWP) Employee Health Assessment

Public reporting of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

Introduction

This survey asks about your current health status, health behaviors, readiness to change your health behaviors, your needs and interests related to worksite health and safety, and questions about how your health may impact your work. Our task is to provide the Centers for Disease Control and Prevention (CDC) with an evaluation that will further CDC's understanding of how a worksite health program can influence employee health behaviors and health outcomes.

Informed Consent

Before you get started, we'd like need to give you some more information to help you decide whether or not you would like to participate.

- This project is funded by the Centers for Disease Control and Prevention. Many parts of the project are being managed by Viridian Health Management (Viridian). Viridian is a private health and wellness company based in Phoenix, AZ. Viridian provides flexible, customized solutions to building comprehensive healthy worksite programs. They are helping CDC implement the National Healthy Worksite (NHW) program.
- You were asked to participate because your worksite is participating in the National Healthy Worksite (NHW) program as a benefit to employees. All employees at your worksite will be asked to complete this questionnaire at the beginning and at the end of the NHW program.
- Your participation in this survey is voluntary. In the course of this survey, you may refuse to answer specific questions. You may also choose to end the discussion at any time.
- The survey is designed to take about 30 minutes.
- There are no right or wrong answers or ideas—we want to hear about YOUR experiences and opinions.
- All of the comments you provide will be maintained in a secure manner. We will not disclose your responses or anything about you unless we are compelled by law. Your responses will be combined with other information we receive and reported in the aggregate as feedback from the group. In our project reports, your name will not be linked to the comments you provide in this discussion.
- CDC is authorized to collect information for this project under the Public Health Services Act.
- There are no personal risks or personal benefits to you for participating in this discussion.
- We are interested in your comments so that we can improve the NHW program for future participants. Please feel free to contact [INSERT WORKSITE NHWP PROGRAM MANAGER]. [HIS/HER] number is [INSERT TEL #]. You can also call Viridian Health Management toll-free at 1-877-486-0140.

Instructions

To make sure that health-related information and programs are tailored to affect your health problems and concerns, we are asking each employee to fill out this survey. **DO NOT** write your name on this survey.

When you have completed this survey, please seal it in the envelope provided and place it in one of the collection boxes located throughout your worksite by [INSERT DATE] or give it [INSERT WORKSITE NHWP PROGRAM MANAGER]. If you have any questions, Please feel free to contact [INSERT WORKSITE NHWP PROGRAM MANAGER]. [HIS/HER] number is [INSERT TEL #].

Thank you very much for your participation.

Q#	Question	Response(s)
Demographics		
1	Date of Birth	mm/dd/yyyy
2	Gender	Male Female
3	Are you Hispanic or Latino?	Yes No Don't Know / Not Sure
4	Which one of these groups would you say best represents your race?	White Black or African American Asian Native Hawaiian or Other Pacific Islander American Indian or Alaska Native Other (Specify):
5	Marital Status	Married Divorced Widowed Separated Never married Member of unmarried couple
6	What is the highest grade or year of school you completed?	Never attended school or only attended kindergarten Grades 1 through 8 (elementary) Grades 9 through 11 (some high school) Grade 12 or GED (high school graduate) College 1 year to 3 years (some college or technical school) College 4 years or more (College graduate)

Q#	Question	Response(s)
Health Status		
1	Would you say that in general your health is--?	Excellent Very good Good Fair Poor Don't know/Not sure
2	Have you ever been told by a doctor, nurse or other health professional that you have any of the following disorders (check all that apply):	Heart disease (heart attack, angina, bypass) Atrial fibrillation or flutter Congestive heart failure Heart valve disease or murmur Other vascular disease (PAD, PVD, aneurysm) High blood pressure Borderline hypertension or pre-hypertension High blood cholesterol Diabetes Elevated blood sugar, borderline diabetes, gestational diabetes or pre-diabetes Chronic obstructive pulmonary disease (COPD), emphysema or chronic bronchitis Asthma Arthritis, rheumatoid arthritis, gout, lupus or fibromyalgia Carpal tunnel syndrome Chronic or recurrent low back pain A depressive disorder (including depression, major depression, dysthymia or minor depression)
3	Are you currently taking medicine for any of the following conditions?	High blood pressure Asthma High blood cholesterol Arthritis Diabetes Low back pain
4	Do you take an aspirin daily?	Yes No

Q#	Question	Response(s)					
Health Status							
5	In the past three months, have you had muscle, skeletal or joint pain, achiness or stiffness in any of the following areas every day for a week or more?	<table border="1"> <tr><td data-bbox="820 266 1492 302">Neck or shoulders</td></tr> <tr><td data-bbox="820 302 1492 338">Low back</td></tr> <tr><td data-bbox="820 338 1492 373">Elbow, wrist or hand</td></tr> <tr><td data-bbox="820 373 1492 409">Hip, knee, ankle or foot</td></tr> </table>	Neck or shoulders	Low back	Elbow, wrist or hand	Hip, knee, ankle or foot	
Neck or shoulders							
Low back							
Elbow, wrist or hand							
Hip, knee, ankle or foot							
6	If yes to question 5, how often does this pain, aching or stiffness affect you or your activities?	<table border="1"> <tr><td data-bbox="820 436 1492 472">Rarely</td></tr> <tr><td data-bbox="820 472 1492 508">Monthly</td></tr> <tr><td data-bbox="820 508 1492 543">Weekly</td></tr> <tr><td data-bbox="820 543 1492 579">Daily</td></tr> <tr><td data-bbox="820 579 1492 615">Never</td></tr> </table>	Rarely	Monthly	Weekly	Daily	Never
Rarely							
Monthly							
Weekly							
Daily							
Never							
7	Are you pregnant or considering becoming pregnant within the next year? (Women only)	<table border="1"> <tr><td data-bbox="820 693 1492 728">Yes</td></tr> <tr><td data-bbox="820 728 1492 764">No</td></tr> <tr><td data-bbox="820 764 1492 800">Don't know/Not sure</td></tr> <tr><td data-bbox="820 800 1492 835">Does not apply</td></tr> </table>	Yes	No	Don't know/Not sure	Does not apply	
Yes							
No							
Don't know/Not sure							
Does not apply							

Q#	Question	Response(s)
Preventive Services		
1	About how long has it been since you last visited a doctor for a routine checkup?(A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition).	Within past year (anytime less than 12 months ago) Within past 2 years (1 year but less than 2 years ago) Within past 5 years (2 years but less than 5 years ago) 5 or more years ago Don't know/Not sure Never
	The next set of questions asks about preventive services you may have received and when you had them last?	
2	Blood pressure check	Within past year (anytime less than 12 months ago) More than 12 months ago Don't know/Not sure Never
3	Cholesterol test	Within past year (anytime less than 12 months ago) Within past 2 years (1 year but less than 2 years ago) Within past 5 years (2 years but less than 5 years ago) 5 or more years ago Don't know/Not sure Never
4	Have you had a test for high blood sugar or diabetes within the past three years?	Yes No Don't know/Not sure
5a	Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?	Yes No [Skip to Question #6] Don't know/Not sure

Q#	Question	Response(s)
Preventive Services		
5b	For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy?	Sigmoidoscopy
		Colonoscopy
		Don't know/Not sure
5c	How long has it been since you had your last sigmoidoscopy or colonoscopy?	Within past year (anytime less than 12 months ago)
		Within past 2 years (1 year but less than 2 years ago)
		Within past 3 years (2 years but less than 5 years ago)
		Within past 5 years (3 years but less than 5 years ago)
		Within past 10 years (5 years but less than 10 years ago)
		10 or more years ago
		Don't know/Not sure
6	During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose	Yes
		No
		Don't know/Not sure
7a	A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?	Yes
		No [Skip to Question #8a]
		Don't know/Not sure
7b	How long has it been since you had your last mammogram?	Within past year (anytime less than 12 months ago)
		Within past 2 years (1 year but less than 2 years ago)
		Within past 3 years (2 years but less than 5 years ago)
		Within past 5 years (3 years but less than 5 years ago)
		5 or more years ago
		Don't know/Not sure
		Never

Q#	Question	Response(s)
Preventive Services		
8a	A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (women only)	Yes
		No [Skip to Lifestyle Section]
		Don't know/Not sure
8b	How long has it been since you had your last Pap test? (women only)	Within past year (anytime less than 12 months ago)
		Within past 2 years (1 year but less than 2 years ago)
		Within past 3 years (2 years but less than 5 years ago)
		Within past 5 years (3 years but less than 5 years ago)
		5 or more years ago
		Don't know/Not sure
		Never

Q#	Question	Response(s)
Lifestyle		
1	Have you smoked at least 100 cigarettes in your entire life?	Yes
		No [Skip to Question #2]
		Don't know/Not sure
Lifestyle		
1a	Do you now smoke cigarettes every day, some days or not at all?	Every day [Skip to Question #1b]
		Some days [Skip to Question #1b]
		Not at all [Skip to Question #1c]
		Don't know/Not sure
Lifestyle		
1b	During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?	Yes [Skip to Question #2]
		No [Skip to Question #2]
		Don't know/Not sure [Skip to Question #2]
Lifestyle		
1c	How long has it been since you last smoked a cigarette, even one or two puffs?	Within the past month (less than 1 month ago)
		Within the past 3 months (1 month but less than three months ago)
		Within the past 6 months (3 months but less than 6 months ago)
		Within past year (6 months but less than 1 year ago)
		Within past 5 years (1 year but less than 5 years ago)
		Within past 10 years (5 years but less than 10 years ago)
		10 years or more
		Don't know/Not sure
Lifestyle		
2	Do you currently use chewing tobacco, snuff, or snus every day, some days or not at all? (snus rhymes with goose)	Every day
		Some days
		Not at all
		Don't know/Not sure
Lifestyle		
3	During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening or walking for exercise?	Yes
		No [Skip to Question #7]
		Don't know/Not sure
Lifestyle		
4	How many times did you take part in this activity during the past month?	(number)/month
		Don't know/Not sure

Q#	Question	Response(s)
Lifestyle		
5	When you took part in this activity, for how many minutes did you usually keep at it?	(number) minutes Don't know/Not sure
6	When you took part in these activities, how intense was your exercise session?	Low (can sing a song) Moderate (can carry on a conversation) High (can only say short sentences) Very high (winded/single words only)
7	How often do you use seats belts when you drive or ride in a car? Would you say...?	Always Nearly always Sometimes Seldom Never Don't know/Not sure
8a	During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?	(number) days per week (number) days in past 30 days No drinks in past 30 days Don't know / Not sure
8b	One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on average?	(number) of drinks Not sure/Don't know
9	During the past 30 days, how often did you eat the following foods per week?	
9a	Fatty foods (whole milk, butter, meat, eggs, cheese, fried foods, chips, ice cream...)	(number) /week Not sure/Don't know
9b	Fruits and vegetables	(number) /week Not sure/Don't know
9c	Whole grain foods (whole-wheat grains or pasta, oatmeal...)	(number) /week Not sure/Don't know
9d	Sugary/sweetened foods (cookies, cakes, sweetened carbonated drinks, chocolate milk...)	(number) /week Don't know/Not sure

Q#	Question	Response(s)
Mental Wellbeing		
1	Over the last 2 weeks, how many days have you had trouble falling asleep OR staying asleep OR sleeping too much?	(number) / 1-14 days
		None
		Don't know/Not sure
2	How often do you get enough restful sleep to function well in your job and personal life?	Always
		Most of the time
		Sometimes
		Rarely
		Never
		Don't know/Not sure
3	How often do you experience stress at work that exceeds your ability to cope?	Always
		Most of the time
		Sometimes
		Rarely
		Never
		Don't know/Not sure
4	How often do you experience stress at home that exceeds your ability to cope?	Always
		Most of the time
		Sometimes
		Rarely
		Never
		Don't know/Not sure
5	How often do you get the emotional and social support you need?	Always
		Most of the time
		Sometimes
		Rarely
		Never
		Don't know/Not sure
6	Over the last 2 weeks, how many days have you felt down, depressed or hopeless?	(number) / 01-14 days
		None
		Don't know/Not sure
7	Over the last 2 weeks, how many days have you had little interest or pleasure in doing things?	(number) / 01-14 days
		None
		Don't know/Not sure

Q#	Question	Response(s)
Mental Wellbeing		
8	Do you ever think of hurting yourself?	Yes
		No
		Don't know/Not sure
9	Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 4 weeks was your physical health not good?	(Number) of days
10	Now thinking about your mental health, which includes stress, depression and problems with emotions, for how many days during the past 4 weeks was your mental health not good?	(Number) of days
11	During the past 4 weeks, for about how many days did your poor physical or mental health keep you doing your usual activities such as self-care, work, or recreation?	(Number) of days

Q#	Question	Response(s)					
Readiness to Change							
1	Which of the following best describes you regarding each of these activities:	I am satisfied with the way I am now and have no desire to change	I have considered making healthier choices	I have seriously considered making healthier choices and I am ready to make a change	I have started making healthier choices	I have already made changes for a healthier lifestyle and I am trying to maintain them	Not sure / Don't know
1a	Healthy eating						
1b	Weight loss						
1c	Physical activity						
1d	Tobacco use						
1e	Stress reduction						
1f	Sleep						
1g	Alcohol use						

Q#	Question	Response(s)		
Wellness Opportunities				
1	Which of the following health improvement activities would you be interested in, if available?	Yes	No	Not sure / Don't know
1a	Nutrition/healthy eating			
1b	Weight management			
1c	Onsite fitness/physical activity opportunities			
1d	Walking group			
1e	Cholesterol reduction			
1f	Blood pressure reduction			
1g	Diabetes awareness and management			
1h	Men's health issues			
1i	Reducing risk of heart disease or stroke			
1j	Pre-pregnancy planning			
1k	Women's health issues			
1l	Back/neck pain management			
1m	Anxiety/depression awareness and management			
1n	How to quit tobacco			
1o	Managing stress			
1p	Medical self-care			
1q	Ergonomics (work station or computer set-up, proper lifting, etc)			
1r	Personal financial management			
1s	Allergy and asthma management			
1t	Safe sex			
Wellness Opportunities				
2	We will offer 10-15 minute individual health coaching sessions on a variety of wellness topics. If you attended, when would it be best for you?	Immediately before my workday begins		
		During my break(s)		
		Immediately after my workday ends		
		During my workday		
Wellness Opportunities				
3	How much time during your workday are you able to dedicate to worksite wellness activities?	Less than 10 minutes		
		10-20 minutes		
		21-30 minutes		
		31-40 minutes		
		41-50 minutes		
		51-60 minutes		

Q#	Question	Response(s)				
Work Related Health History						
To what extent do you agree with the following statements?						
		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	After work I have enough energy for leisure activities.					
2	More and more often, I talk about my work in a negative way.					
3	At work, I often feel emotionally drained.					
4	In the past 4 weeks, I had a hard time doing my work because of my health.					
5	In the past 4 weeks, my health kept me from concentrating on my work.					
6	In the past 4 weeks, how many times did you miss part or all of a workday for any reason?	(Number) / times				
7	In the past 4 weeks, how many times did you miss a half day of work because of problems with your physical or mental health?	(Number) / times				
8	In the past 4 weeks, how many times did you miss a full day of work because of problems with your physical or mental health?	(Number) / times				
9	In the past 12 months, how many times have you been injured on the job?	(Number) /times				