

CDC National Healthy Worksite Program (NHWP) Employee Health Assessment (CAPTURE)

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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 customized solutions to building comprehensive healthy worksite programs. They are helping CDC implement the National Healthy Worksite (NHW) program.
- You were asked to voluntarily complete this survey because your worksite is participating in the 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 survey 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.

The Employee Health Assessment (CAPTURE) tool has modified Question #43 from the Brown University Rapid Eating and Activity Assessment for Patients (REAP) tool and received permission to use it in the CDC National Healthy Worksite Program (NHWP).

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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.

Participant ID: _____

Employer Code: _____

Q#	Question	Response(s)
Demographics		
1	Date of Birth	mm/dd/yyyy
2	Gender (Source: BRFSS)	Male Female
3	Are you Hispanic or Latino? (Source: BRFSS)	Yes No
4	What is your race? Do you consider yourself... (Select one or more.)	White Black or African American Asian Native Hawaiian or Other Pacific Islander American Indian or Alaska Native
5	Marital Status (Source: BRFSS)	Married Divorced Widowed Separated Never married Member of unmarried couple
6	What is the highest grade or year of school you completed? (Source: BRFSS)	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		
7	Would you say that in general your health is--? (Source: BRFSS)	Excellent
		Very good
		Good
		Fair
		Poor
		Don't know/Not sure
8	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)		
9	Are you currently taking medicine for any of the following conditions?	High blood pressure
		Asthma
		High blood cholesterol
		Arthritis
		Diabetes
		Low back pain
10	Do you take an aspirin daily or every other day? (Source: BRFSS)	Yes
		No

Q#	Question	Response(s)
Health Status		
11	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?	Neck or shoulders Low back Elbow, wrist or hand Hip, knee, ankle or foot
12	If yes to question 11, how often does this pain, aching or stiffness affect you or your activities?	Rarely Monthly Weekly Daily Never
13	Are you pregnant or considering becoming pregnant within the next year? (Women only)	Yes No Don't know/Not sure

Q#	Question	Response(s)
Preventive Services		
14	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.		
15	Blood pressure check	Within past year (anytime less than 12 months ago)
		More than 12 months ago
		Don't know/Not sure
		Never
16	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
17	Have you had a test for high blood sugar or diabetes within the past three years?	Yes
		No
		Don't know/Not sure
18	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? (Source: BRFSS)	Yes
		No [Skip to Question #21]
		Don't know/Not sure

Q#	Question	Response(s)
Preventive Services		
19	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? (Source: BRFSS)	Sigmoidoscopy
		Colonoscopy
		Don't know/Not sure
20	How long has it been since you had your last sigmoidoscopy or colonoscopy? (Source: BRFSS)	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
21	During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose? (Source: BRFSS)	Yes
		No
		Don't know/Not sure
22	A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (Source: BRFSS)	Yes
		No [Skip to Question #24]
		Don't know/Not sure
23	How long has it been since you had your last mammogram? (Source: BRFSS)	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

Q#	Question	Response(s)
Preventive Services		
24	A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (women only) (Source: BRFSS)	Yes
		No [Skip to Question #26]
		Don't know/Not sure
25	How long has it been since you had your last Pap test? (women only) (Source: BRFSS)	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

Q#	Question	Response(s)
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Lifestyle		
26	Have you smoked at least 100 cigarettes in your entire life? (Source: BRFSS)	Yes
		No [Skip to Question #30]
		Don't know/Not sure
27	Do you now smoke cigarettes every day, some days or not at all? (Source: BRFSS)	Every day
		Some days
		Not at all [Skip to Question #29]
28	During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (Source: BRFSS)	Yes [Skip to Question #30]
		No [Skip to Question #30]
		Don't know/Not sure [Skip to Question #30]
29	How long has it been since you last smoked a cigarette, even one or two puffs? (Source: BRFSS)	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
30	Do you currently use chewing tobacco, snuff, or snus every day, some days or not at all? (snus rhymes with goose) (Source: BRFSS)	Every day
		Some days
		Not at all
31	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? (Source: BRFSS)	Yes
		No [Skip to Question #38]
		Don't know/Not sure
Q#	Question	Response(s)
Lifestyle		

Consider what type of physical activity or exercise you spent the most time doing during the past month (See Appendix A for examples).		
32	How many times did you take part in this activity during the past month? (Source: BRFSS)	(number)/month
		Don't know/Not sure
33	And when you took part in this activity, for how many minutes did you usually keep at it? (Source: BRFSS)	(number) minutes
		Don't know/Not sure
34	When you took part in these activities, how intense was your exercise session? (Source: BRFSS)	Low (can sing a song)
		Moderate (can carry on a conversation)
		High (can only say short sentences)
		Very high (winded/single words only)
Now consider what other type of physical activity gave you the <u>NEXT MOST</u> exercise during the past month (Skip to question #38 if no additional physical activity)		
35	How many times did you take part in this activity during the past month? (Source: BRFSS)	(number)/month
		Don't know/Not sure
36	And when you took part in this activity, for how many minutes did you usually keep at it? (Source: BRFSS)	(number) minutes
		Don't know/Not sure
37	When you took part in these activities, how intense was your exercise session? (Source: BRFSS)	Low (can sing a song)
		Moderate (can carry on a conversation)
		High (can only say short sentences)
		Very high (winded/single words only)
38	How often do you use seats belts when you drive or ride in a car? Would you say...? (Source: BRFSS)	Always
		Nearly always
		Sometimes
		Seldom
		Never
		Don't know/Not sure
39	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? (Source: BRFSS)	(number) days per week or (number) days in past 30 days
		No drinks in past 30 days
		Don't know / Not sure
Q#	Question	Response(s)
Lifestyle		

40	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? NOTE: a 40 ounce beer would count as 3 drinks, or a cocktail with 2 shots would count as 2 drinks. (Source: BRFSS)	(number) of drinks
		Don't know / Not Sure
41	Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 (men) or 4 (women) or more drinks on an occasion? (Source: BRFSS)	(number) of times
		None
		Don't know/Not sure
42	During the past 30 days, what is the largest number of drinks you had on any occasion? (Source: BRFSS)	(number) of drinks
		Don't know/Not Sure
43	During the past 30 days, how many times per week did you eat fried foods such as fried chicken, fried fish, or French fries? ¹⁻³ (Source: REAP. Copyright 2005, Institute for Community Health Promotion, Brown University, Providence, RI. All Rights Reserved).	(number) /week
		Don't know/Not Sure
44	During the past 30 days, not counting juice, how many times per week did you eat fruit? Count fresh, frozen, or canned fruit. (Source: BRFSS)	(number) /week
		Don't know/Not Sure
45	During the past 30 days, how many times per week did you eat vegetables not including lettuce salads, potatoes, cooked dried bean (Include any form of the vegetable - raw, cooked, canned, or frozen)? EXAMPLES include tomatoes, green beans, carrots, corn, cabbage, bean sprouts, collard greens, and broccoli (Source: NHANES)	(number) /week
		Don't know/Not Sure
46	During the past 30 days, how many times per week did you eat whole grain foods (whole-wheat grains or pasta, oatmeal)? (Source: NHANES)	(number) /week
		Don't know/Not sure
47	During the past 30 days, how many times per week did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop. (Source: BRFSS)	(number) /week
		Don't know/Not sure
Q#	Question	Response(s)
Mental Wellbeing		

48	Over the last 2 weeks, how many days have you had trouble falling asleep OR staying asleep OR sleeping too much? (Source: BRFSS)	(number) / 1-14 days
		None
		Don't know/Not sure
49	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
50	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
51	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
52	How often do you get the emotional and social support you need? (Source: BRFSS)	Always
		Most of the time
		Sometimes
		Rarely
		Never
		Don't know/Not sure
53	Over the last 2 weeks, how many days have you felt down, depressed or hopeless? (Source: BRFSS)	(number) / 01-14 days
		None
		Don't know/Not sure
54	Over the last 2 weeks, how many days have you had little interest or pleasure in doing things? (Source: BRFSS)	(number) / 01-14 days
		None
		Don't know/Not sure

Q#	Question	Response(s)
Mental Wellbeing		
55	Do you ever think of hurting yourself?	Yes
		No
		Don't know/Not sure
56	Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (Source: BRFSS)	(Number) of days
57	Now thinking about your mental health, which includes stress, depression and problems with emotions, for how many days during the past 30 days was your mental health not good? (Source: BRFSS)	(Number) of days
58	During the past 30 days, for about how many days did your poor physical or mental health keep you from doing your usual activities such as self-care, work, or recreation? (Source: BRFSS)	(Number) of days

Q #	Question	Response(s)					
Readiness to Change							
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
59	Healthy eating						
60	Weight loss						
61	Physical activity						
62	Tobacco use						
63	Stress reduction						
64	Sleep						
65	Alcohol use						

Q#	Question	Response(s)	
Wellness Opportunities			
Which of the following health topics would you like information on, if available?			
		Yes	No
66	Nutrition/healthy eating		
67	Weight management		
68	Onsite fitness/physical activity opportunities		
69	Walking group		
70	Cholesterol reduction		
71	Blood pressure reduction		
72	Diabetes awareness and management		
73	Men's health issues		
74	Reducing risk of heart disease or stroke		
75	Pre-pregnancy planning		
76	Women's health issues		
77	Back/neck pain management		
78	Anxiety/depression awareness and management		
79	How to quit tobacco		
80	Managing stress		
81	Medical self-care		
82	Ergonomics (work station or computer set-up, proper lifting, etc.)		
83	Personal financial management		
84	Allergy and asthma management		
85	Safe sex		
86	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	
87	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	
	Don't know/Not sure		

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
88	After work I have enough energy for leisure activities.					
89	More and more often, I talk about my work in a negative way.					
90	At work, I often feel emotionally drained.					
91	In the past 30 days, I had a hard time doing my work because of my health.					
92	In the past 30 days, my health kept me from concentrating on my work.					
93	In the past 30 days, how many times did you miss part or all of a workday for any reason?	(Number) / times				
94	In the past 30 days, how many times did you miss a half day of work because of problems with your physical or mental health?	(Number) / times				
95	In the past 30 days, how many times did you miss a full day of work because of problems with your physical or mental health?	(Number) / times				
96	In the past 12 months, how many times have you been injured on the job?	(Number) /times				

References:

1. Segal-Isaacson CJ, Wylie-Rosett J, Gans KM. Validation of a short dietary assessment questionnaire: the Rapid Eating and Activity Assessment for Participants short version (REAP-S). *Diabetes Educ.* 2004 Sep-Oct;30(5):774, 776, 778 passim. PubMed PMID: 15510530.
2. Gans KM, Risica PM, Wylie-Rosett J, Ross EM, Strolla LO, McMurray J, Eaton CB. Development and evaluation of the nutrition component of the Rapid Eating and Activity Assessment for Patients (REAP): a new tool for primary care providers. *J Nutr Educ Behav.* 2006 Sep-Oct;38(5):286-92. PubMed PMID: 16966049.
3. Gans KM, Ross E, Barner CW, Wylie-Rosett J, McMurray J, Eaton C. REAP and WAVE: new tools to rapidly assess/discuss nutrition with patients. *J Nutr.* 2003 Feb;133(2):556S-62S. Review. PubMed PMID: 12566502.

APPENDIX A

Activity List for Common Leisure Activities (To be used for Physical Activity Questions as supplemental handout or FAQ sheet)

- 1 Active Gaming Devices (Wii Fit, Dance Dance revolution)
- 2 Aerobics video or class
- 3 Backpacking
- 4 Badminton
- 5 Basketball
- 6 Bicycling machine exercise
- 7 Bicycling
- 8 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)
- 9 Bowling
- 10 Boxing
- 11 Calisthenics
- 12 Canoeing/rowing in competition
- 13 Carpentry
- 14 Dancing-ballet, ballroom, Latin, hip hop, etc
- 15 Elliptical/EFX machine exercise
- 16 Frisbee
- 17 Gardening (spading, weeding, digging, filling)
- 18 Golf (with motorized cart)
- 19 Golf (without motorized cart)
- 20 Handball
- 21 Hiking – cross-country
- 22 Hockey
- 23 Horseback riding
- 24 Inline Skating
- 25 Jogging
- 26 Lacrosse
- 27 Mountain climbing
- 28 Mowing lawn
- 29 Paddleball
- 30 Painting/papering house
- 31 Pilates
- 32 Racquetball
- 33 Raking lawn
- 34 Running
- 35 Rock Climbing
- 36 Rope skipping
- 37 Rowing machine exercise
- 38 Rugby
- 39 Scuba diving
- 40 Skateboarding
- 41 Skating – ice or roller
- 42 Sledding, tobogganing
- 43 Snorkeling
- 44 Snow blowing
- 45 Snow shoveling by hand
- 46 Snow skiing
- 47 Snowshoeing
- 48 Soccer
- 49 Softball/Baseball
- 50 Squash
- 51 Stair climbing/Stair master
- 52 Surfing
- 53 Swimming
- 54 Swimming in laps
- 55 Table tennis
- 56 Tai Chi
- 57 Tennis
- 58 Touch football
- 59 Volleyball
- 60 Walking
- 61 Waterskiing
- 62 Weight lifting
- 63 Wrestling

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