

Health-Risk Appraisal

For Individual Employees

This health-risk appraisal is designed to assess your health and wellness while at the workplace. It is important to maintain a healthy lifestyle for your overall well-being.

Please answer these questions to help our organization determine how we can create a healthier work environment and support employees to make positive lifestyle choices. **All of the information you provide will be anonymous.**

Thank you for your participation in this project!

Please check True or False for these statements:

	True	False
This company is concerned about the health and well-being of employees.	<input type="checkbox"/>	<input type="checkbox"/>
This company supports and encourages healthy employees.	<input type="checkbox"/>	<input type="checkbox"/>
Management has a commitment to improving employee health.	<input type="checkbox"/>	<input type="checkbox"/>
This company provides incentives (such as recognition, prizes, etc.) for participating in wellness activities.	<input type="checkbox"/>	<input type="checkbox"/>
This work environment enables employees to make healthy choices (i.e., provides safe walking paths, nutritious options at work meetings).	<input type="checkbox"/>	<input type="checkbox"/>
I feel I can make healthy food choices in my workplace.		

Please answer these questions about your workplace habits:

	Always	Sometimes	Never
How often do you use the stairways at work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you bring lunches and/or snacks from home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you ride a bicycle or walk to work, or take a walk during your break or lunch?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your personal workplace free of clutter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please answer these questions about your health habits:

	Always	Sometimes	Never	Interested
Is walking a part of your normal physical-activity routine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you believe you usually lead a physically active lifestyle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you participate in health/nutrition classes or seminars?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you believe you usually make healthy food choices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you smoke or chew tobacco?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Continued

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Please tell us a little more about yourself:

How important to you is eating a healthy diet? (Please check one)

(Not important)

(Extremely Important)

 1 2 3 4 5

How important to you is engaging in physical activity on a regular basis (at least 30 minutes, 5 times per week)?

(Please check one)

(Not important)

(Extremely Important)

 1 2 3 4 5

How important to you is losing or maintaining your weight? (Please check one)

(Not important)

(Extremely Important)

 1 2 3 4 5

If you eat out for lunch, which factor is most important when making your restaurant choice? (Please check one)

Provides healthy menu options.

Menu items taste good.

Menu has the best value.

It is conveniently located.

If the company offered a wellness program, would you be most likely to participate in it?

Yes

No

Please explain why or why not:

Please check your age group:

Under 30

30-44 years

45-65 years

over 65

Please check your gender:

Male

Female