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## Wellness Profile - Questionnaire

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**G1. Do you believe your current lifestyle:**

1. Positively affects your health
2. Negatively affects your health
3. Does not affect your health
4. Not Sure

**G2. 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)

**G3. 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. Smoking
6. Stress Management

**WM1. Have you ever lost ten percent of your weight through dieting/exercise and then gained it back?**

1. No
2. Yes

**WM2. Have you recently had a significant loss of weight, and you're not sure why?**

1. Yes
2. No

**WM3. How do you feel about your current weight?**

1. Would like to lose weight
2. Would like to gain weight
3. Satisfied with weight

**EX1. Do you accumulate at least 30 min. of physical activity on most (5-6) days of the week? The activity must be moderate to high intensity like walking, house work, cycling, stair climbing, swimming, running or sport games.**

1. Yes
2. No

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**EX2. On average, how many times a week do you perform aerobic exercise for at least 20 continuous minutes? Examples are fast walking, hard cycling, running, swimming and vigorous sports.**

1. Never
2. Less than 1 time a week
3. 1-2 times a week
4. 3 or more times a week

**If you answered 'Never' to question EX2, then go to question EX6.**

**EX3. When you do aerobic exercise, how much time do you spend in the activity?**

1. Less than 20 minutes
2. 20-30 minutes
3. 30-60 minutes
4. More than 60 minutes

**EX4. How would you describe your aerobic exercise?**

1. Not very vigorous
2. Somewhat vigorous
3. Quite vigorous

**EX5. Do you warm up before and cool down after aerobic exercise?**

1. Yes
2. No
3. Not Sure

**EX6. Do you participate in strength training activities (weight lifting)?**

1. Yes
2. No

**EX7. How often do you stretch your muscles in order to gain flexibility?**

1. Never
2. Occasionally
3. Often

**EX8. How often do you perform abdominal exercises such as sit-ups which are intended to strengthen the abdomen?**

1. Never
2. Occasionally
3. Often



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**EX9. What is the biggest barrier to increasing and/or maintaining your level of exercise?**

1. Not enough time
2. Cost
3. Lack of appropriate facility or equipment
4. No one to exercise with
5. Physical incapacity
6. None

**NU1. How often do you eat breakfast?**

1. Never
2. Occasionally
3. Most of the time
4. Always

**NU2. On average, how many servings of foods which are high in calcium do you eat each day?  
Foods such as milk, cheese, yogurt and green leafy vegetables are high in calcium.**

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

**NU3. On average, how many servings of foods which are high in fiber do you eat each day?  
Foods such as beans, whole grains, cereals, fruits and vegetables are high in fiber.**

1. Less than 1 serving each day
2. 1-2 servings each day
3. 3-4 servings each day
4. 5 or more servings each day

**NU4. On average, how many servings of foods which are high in fat do you eat each day?  
Foods such as whole milk, cheese, eggs, red meat, fried foods and some desserts are high in fat.**

1. Less than 1 serving each day
2. 1-2 servings each day
3. 3-4 servings each day
4. 5 or more servings each day

**NU5. How often do you choose low fat or low cholesterol foods?**

1. Never
2. Occasionally
3. Often

**NU6. How often do you add salt to your cooking or add it to your food at the table?**

1. Never
2. Occasionally
3. Often



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**NU7. How often do you read nutrition labels on food packages?**

1. Never
2. Occasionally
3. Often

**NU8. On average, how many drinks of alcoholic beverages 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. Less than 1 drink/week
2. 1 - 7 drinks/week
3. 8 - 14 drinks/week
4. More than 14 drinks/week

**If you answered 'Less than 1 drink/week' to question NU8, then go to question SF1.**

**NU9. On average, how many drinks do you have in one setting?**

1. 1 - 2 drinks/setting
2. 3 - 5 drinks/setting
3. More than 5 drinks/setting

**NU10. On average, how many days per week do you drink alcohol?**

1. Less than 1 day/week
2. 1 - 2 days/week
3. 3 - 5 days/week
4. 6 - 7 days/week

**SF1. How many times in the last month did you ride in a car when the driver was under the influence of drugs or alcohol?**

1. None
2. One or more times

**SF2. What percent of the time do you buckle your safety belt when riding in a car?**

1. Never -- 0%
2. Seldom -- 1-39%
3. Sometimes -- 40-79%
4. Nearly always -- 80-99%
5. Always -- 100%

**SF3. How would you describe your driving behavior?**

1. Safe and deliberate
2. Sometimes take chances
3. Aggressive

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

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

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**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. Don't ride such a vehicle

**SF6. Does your home have a smoke detector that works?**

1. Yes
2. No
3. Not sure

**SF7. When lifting objects, even when they are not very heavy, do you lift them properly?**

1. Yes
2. No
3. Not sure

**TB1. What is your exposure to second-hand smoke?**

1. None
2. A little
3. A lot

**TB2. Do you use cigars, pipes, or smokeless tobacco such as chewing tobacco, snuff or pouches?**

1. Yes
2. No

**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, then go to question ST1.**

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

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

**ST1. During the past year, how much effect has stress had on your health?**

1. None
2. Not much
3. A lot

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- ST2. Do you think your current level of stress is high enough to affect your health or quality of life?**
1. Yes
  2. No
  3. Not sure
- ST3. How effective do you think you are in dealing with the stress in your life?**
1. Not effective
  2. Somewhat effective
  3. Effective
  4. Not sure
- ST4. Do your sleep patterns promote good health?**
1. Yes
  2. No
  3. Not sure
- ST5. How often do you feel tense, anxious or upset?**
1. Never
  2. Occasionally
  3. Often
- ST6. In general, do you have emotional support from others to help you deal with stress?**
1. Yes
  2. No
- ST7. How often do friends or relatives suggest that you should slow down, take life easier or relax more?**
1. Never
  2. Occasionally
  3. Often
- ST8. How often do you find yourself getting irritated or annoyed with others?**
1. Never
  2. Occasionally
  3. Often
- ST9. How often do you feel a chronic sense of struggle with daily events?**
1. Never
  2. Occasionally
  3. Often
- ST10. Have you suffered a personal loss or misfortune in the past year that had a serious impact on your life?**
1. Yes, 1 loss/misfortune
  2. Yes, 2 or more losses/misfortunes
  3. No