PERSONAL WELLNESS PROFILE™

Advantage

PRINT NAME AND A	DDRESS CLEARLY
Name (First, Last)	
Address	
City	State Zip
Email	
	Work Phone
Company Name	
Physician Name	Today's Date
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MARKING INSTRUCTIONS

- · Use a No. 2 pencil only.
- Do not use ink, ballpoint, or felt-tip pens.
- Make solid marks that fill the bubble completely.
- Erase cleanly any marks you wish to change.
- · Make no stray marks on this form.

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- 1. Gender.
- ① male
- 2 female
- pregnant
- 2. Race/Ethnicity.
 - White/Caucasian
 - 4 Asian 2 African American
 - ⑤ Native American
 - 3 Hispanic/Latino
- Other

HEALTH HISTORY

- 3. Family health history. Mark any health condition that occurred in your father, mother, brother(s), or sister(s).
 - a. ① coronary heart disease, heart attack, or heart surgery before age 55 in men or age 65 in women
 - b. ① type 2 diabetes
 - c. ① osteoporosis or fractures
 - d. ① breast cancer
 - e. (1) colon cancer
- 4. Personal health history. Mark any health condition your doctor has told you that you have.
 - a. 1 allergies
 - b. 1 asthma
 - c. ① arthritis
 - d. ① chronic back pain
 - e. ① chronic lung disease (COPD)

 - g. ① broken bones/stress fractures in last 10 years
 - h. ① coronary heart disease, angina (with or without coronary by-pass surgery or angioplasty)
 - i. ① cancer (other than skin cancer)
 - diabetes (high blood sugar)
 - k. ① stroke or restricted blood flow to head or legs

PLEASE DO NOT WRITE IN THIS AREA

[SERIAL]

MEDICAL CARE 5. Overall Health. In general would you say it is:	14. Whole grains. How many servings of whole-grain breads and cereals do you eat daily ? 1 serving = 1 slice whole-wheat bread; 1/2 C cooked oatmeal, brown
1 excellent 2 very good 3 good 4 fair 5 poor	rice, or other whole-grain cereal; 2/3 C ready-to-eat whole-grain cereal
6. Preventive health tests. Have you had the following	①0 ①1 ②2 ③3 ④4 ⑤5 ⑥6+
recommended preventive exams?	15. Fruits. How many cups do you eat daily?
1 - yes 2 - no (skip if not applicable to your age & gender)	1 cup equivalents: 1 medium apple, orange, banana; 1 C berries or cut fresh fruit; 1/2 C cooked fruit; 3/4 C (6 oz) 100% fruit juice
a. ① ② physical exam within last 1-2 years	① 0 ① 1/2 ② 1 ③ 1 1/2 ④ 2 ⑤ 2 1/2 ⑥ 3 ⑦ 3 1/2 ⑧ 4+
b. ① ② blood pressure check within last 1-2 years	
c. ① ② cholesterol check within last 2-5 years	16. Vegetables. How many cups do you eat <u>daily</u> ?
d. ① ② dental exam within last year	1 C raw or cooked veggies, 2 C salad greens, 1 C (8 oz) veg. juice 0 0 1/2 2 1 3 1 1/2 4 2 5 2 1/2 6 3 7 3 1/2 8 4+
e. ① ② prostate exam within last 1-2 years (men age 50+) f. ① ② bowel exam within last 5-10 years (age 50+)	00 0 112 01 01 112 02 02 112 03 03 112 044
g. ① ② annual flu immunization (age 65+)	17. Protein. How many servings do you eat daily?
h. ① ② pneumonia immunization in last 10 yrs. (age 65+)	1 serving = 2 oz lean meat, fish, or poultry; small hamburger, 1 hot dog, 1 beef taco, 2 luncheon meat slices, 2 eggs; plant proteins:
i. ① ② PAP test in last 1-3 years (women)j. ① ② mammogram in last 1-2 years (women age 40+)	1/2 C beans or tofu, 1 vegetarian burger or other meat alternatives
j. Wollen age 404)	① 0 ① 1 ② 2 ③ 2 1/2 ④ 3 ⑤ 3 1/2 ⑥ 4+
7. Common health tests. Mark your usual values.	
1 - normal	18. What kind of protein foods do you eat most often?
2 - moderately elevated (between normal and high) 3 - high	1 high-fat meats 2 low-fat meats 3 plant proteins
4 - don't know <u>normal</u> <u>high</u>	19. Fats. What kind do you usually use?
1. 1. 1. 2 3 4 glucose - fasting (<100) (126+)	 butter, stick margarine, shortening, meat drippings
2. 1 2 3 4 blood pressure (<120/80) (140/90+)	② trans fat-free margarine, veg. oils, or no added fats
3. (1) (2) (3) (4) cholesterol (<200) (240+)	③ use both about the same
8. Medications. Mark medications you take regularly.	20. Dairy. How many servings do you eat daily?
1. ① blood pressure lowering	1 serving = 1 C milk or yogurt, 1 slice (1 oz) cheese, 1/2 C cottage
2.	cheese, 1 C fortified soymilk
3. medication for diabetes / high blood sugar	①0 ①1 ②2 ③3 ④4 ⑤5 ⑥6+
9. Sick days. How many days did you miss from	21. Nuts/Seeds. How many servings do you eat weekly?
work (or school) due to illness or injury in the past	1 serving = 1/2-1 oz nuts (e.g., almonds, cashews, peanuts) or seeds (e.g., sunflower, pumpkin) or 2 T nut butter
12 months? ① 0 ① 1 ② 2 ③ 3 ④ 4 ⑤ 5 ⑥ 6 ⑦ 7 ⑧ 8 ⑨ 9+	© 0 © 1 © 2 © 3 3 © 4 © 5 © 6+
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PHYSICAL ACTIVITY	22. Sweets. How many servings do you eat daily?
10. Exercise days. How many days each week do you	1 serving = 3-4 T sugar, 2 T syrup or jelly, 8 oz soft drink, or desserts (e.g., candy, cookie, 1/2 C ice cream, 1 sm. piece cake or pie)
get at least 30 minutes of moderate to vigorous physical activity? (e.g., brisk walking, cycling, aerobics, hard physical labor)	① 0 ① 1 ② 2 ③ 3 ④ 4 ⑤ 5+
①0 ①1 ②2 ③3 ④4 ⑤5 ⑥6 ⑦7	3, 31 3, 31
	23. Water. How many cups do you drink daily?
11. Strength exercises. How many <u>days</u> each week	◎0 ①1 ②2 ③3 ④4 ⑤5 ⑥6 ⑦7+
do you do strength-building exercises for 15-30+ minutes? (e.g., weight lifting, pushups, crunches)	24. Salt. How much salt do you use?
©0	① use salt sparingly and limit salty foods
	② don't think about limiting salt or salty foods
12. Stretching exercises. How many <u>days</u> each week	③ like salt - often salt foods or eat salty foods
do you do stretching exercises? (e.g., yoga, pilates) © 0	25. Supplements. Mark any you take daily.
	① Calcium ① Vitamin B12
EATING PRACTICES	① Vitamin D ① Multivitamin/mineral
13. Breakfast. How often do you eat a healthy	
breakfast? ① seldom ② occasionally ③ daily or most days	SUBSTANCE USE 26. Smoking status.
1 seldom 2 occasionally 3 daily or most days	1 never smoked 2 quit smoking 3 presently smoke

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27. Secondhand smoke. Are you often exposed to other people's smoke at home or work?yesno	40. Relax. Do you take time to relax/have fun daily?seldomsometimesmost of the time
28. Alcohol. How many drinks do you have <u>a week?</u> 1 drink = 12 oz beer, 5 oz wine, or 1.5 oz liquor	41. Energy. How much energy do you have during a typical day?1 high energy 2 adequate energy 3 often tired
 none 1-3 24-7 38-14 415-21 52+ 29. Drugs. How often do you use drugs (including prescriptions) that affect your mood or help you relax? 1 rarely or never 2 occasionally 3 almost every day 	 42. Satisfaction. In general, how satisfied are you with your life? ① very satisfied and happy ② mostly satisfied ④ dissatisfied/unhappy
30. How many kinds of drugs (including prescription and over-the-counter) did you take in the past month? ① 0 ① 1 ② 2 ③ 3 ④ 4 ⑤ 5 ⑥ 6 ⑦ 7 ⑧ 8+ MENTAL/SOCIAL HEALTH Stress. Questions 31-33 are based on the following	 43. Social support. Mark ALL that apply to you. I'm married or have a significant other I make frequent contacts with family and friends I regularly participate in a faith group I regularly participate in a social club
definition of stress: "feelings of tension, irritablility, and anxiety often resulting in difficulty sleeping."	44. Sleep. How many hours of sleep do you usually get daily? 1 less than 6 26 - 6.9 37 - 8 4 more than 8
31. How often do you have feelings of stress at work? ① never ③ often	SAFETY
2 sometimes 4 permanent or continual stress	45. Seat belts. When riding in a car, what percentage of the time do you wear a seat belt?
32. How often do you have feelings of stress at home?	①0 ①25% ②50% ③70% ④90% ⑤100%
1 never2 sometimes3 often4 permanent or continual stress	46. Child safety seats. When children ride in your
33. How much stress do you feel over finances?	car, are they always buckled into an approved child safety or booster seat?
1 little or none 2 moderate 3 high or severe	① yes ② no ③ does not apply
34. Traumatic life events. How many traumatic life events have you experienced in the last year , such as loss of a loved one, divorce, loss of job, financial crisis, severe conflict, violence, major illness, or other event? ① 0 ① 1 ② 2 ③ 3+	47. Drinking and driving. How many times in the last 6 months did you drive within an hour of having 2+ drinks, or ride with another driver who had? ① 0 ① 1 ② 2 ③ 3 ④ 4 ⑤ 5 ⑥ 6 ⑦ 7 ⑧ 8+
©0 01 ©2 00.	48. Smoke alarm. Does your home have a working
 35. Outlook. How do you see your years ahead? I do not look forward to what lies ahead of me I'm not sure what the future holds for me 	smoke alarm near your sleeping area(s)? ① yes ② no
3 I'm hopeful and expect things to work out well for me	49. Driving. How many miles per week do you usually drive or ride with others (average is 225 miles/week)?
 36. Control. What happens in my life is controlled by: 1 my choices 2 partly my choices 3 mostly outside influences 2 partly my choices 3 I have no control, feel trapped 	1 high mileage 2 average mileage 3 low mileage (more than 225 miles/week) (below 225 miles/week)
37. Happiness. All in all, how happy are you?① unhappy② pretty happy③ very happy	50. Lifting. When lifting heavy objects, do you use correct lifting technique (keep object close to body, bend at the hips and knees, keep back upright, maintain normal curve of back, lift with legs)?
38. Mood. Have you felt down, depressed, hopeless, or have little interest or pleasure in doing things for 2	① always ② sometimes ③ seldom or unsure
or more weeks in the past month? ① yes ② no	51. Sun. Are you careful to limit excess sun exposure and avoid sunburns?
39. Functioning. Have your feelings caused you	1 always 2 sometimes 3 seldom or unsure
significant distress or impaired your ability to function socially at work or school, or within your circle of friends? ① yes ② no	 52. Helmets. Do you always wear a helmet when riding a motorcycle, cycling, skiing, inline skating, etc.? yes no does not apply

sexual practices to prevent unintended pregnancies and	пеа	וונו	1 16	เรเร	(5	a11 (y - optional)			
STDs (no sexual contact, always use condoms, or relations with	BODY	Y CC	OMP		В	AND I	PULS	SE	BLOOD	TESTS
only one uninfected, mutually faithful partner)?	known	W	aist	b	ood r	oressu	re	resting		
① always ② most of the time ③ seldom or never	% fat	ciro	cum. ches	_	/stolic	_	_	pulse	HbA1c	PSA
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JOB SATISFACTION	00	0	D O	0	00		0	000	000	000
54. Work life. How satisfied are you with your work life?	10 10	10	D (000
very satisfiedsomewhat dissatisfied	22									222
② mostly satisfied	33									333
	44									444
55. Productivity. During the past 4 weeks at work,	55									555
how many <u>days</u> did poor physical or mental health	66									666
result in <i>decreased</i> productivity?	77									777
00 11 22 33 44 55 66 77 88 99+	3 3 9 9									888 999
56. Limitations. By how much was your work		(a)	<u></u>	<u> </u>	9 9			<u> </u>	999	999
output (productivity) generally impaired/decreased?					ВІ	_OOD 1	ES1	s		
© none ① a little, 5% ② moderately, 15% ③ a lot, 30%			cho	oleste	rol			O n	onfasting	
There was made a series of the	tot	tal		HP		LDI	\dashv		erides	glucose
57. Health culture. Rate your organization's interest in								11.3.72		9.2222
employee health and in creating a healthy work place?	00	0	0	T	0	00	0	00	00	000
① excellent ② good ③ fair ④ poor			D		1	101			101	000
	26		2	2	2)	22	2	22	22	222
READINESS TO CHANGE	3		5	33	3	33	3	33	33	333
58. Are you planning to make lifestyle changes in the	<u>4</u>	4		44	4	44	4	44	44	444
following areas?	55	(5)	3	5 5	5	5 5	(5)	55	55	555
1 - no present interest in making a change	6	6	<u></u>	66		66	6	66	66	666
2 - plan a change in the next 6 months	7			77		77			77	000
3 - plan to change this month	88			88		88			88	888
4 - recently started loing this	99	9	9	99	9	99	9	99	99	999
5 - already this regula ly (i. ast 6 mos.)		FITN	NESS	TEST	NG		C	NE MILE	WAIK	METs
a. ① ② ③ ④ ⑤ be physic ? b. ① ② ③ ④ ⑤ practice good earlig habits	flex		curl-	push-	,	,				
b. ① ② ③ ④ ⑤ practice good ea ig habits c. ① ② ③ ④ ⑤ avoid smoki. g or using tobacco	26 cm		ups	ups	stren			rcise HRn	time	METs= VO2/3.5
d. ① ② ③ ④ ⑤ lose weight or maintain a healthy weight	at footli	ine	#	#	kg	\blacksquare		1111	nin :sec	VU2/3.5
e. ① ② ③ ④ ⑤ cope better with stress	00	_ (M)	ത		.		(M)	ത ത ത	<u> </u>	000
f. ① ② ③ ④ ⑤ lower or maintain healthy cholesterol level	10 10									000
g. ① ② ③ ④ ⑤ lower or maintain healthy blood pressure	22									222
h. ① ② ③ ④ ⑤ avoid alcohol or drink in moderation	33									333
i. ① ② ③ ④ ⑤ live an overall healthy lifestyle	44									444
										555
	55	(5)	5 5	5 5	5 5	5	(5)	<u> </u>	555	
HEALTH INTERESTS	5 5 6 6									666
HEALTH INTERESTS 59. ① Do NOT notify me of health promotion opportunities.		6	6	66	6 6	0	6	<u>6</u> 6	666	666 777
5 NOT 25 61 19 25 4 15	66	(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	5 6 7 7	© © 77	© ©	(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	(6) (7)	666 777	666 777	
 59. ① Do <u>NOT</u> notify me of health promotion opportunities. 60. Mark any of the following health improvement opportunities of which you would like to be notified if available. 	6 6 7 7	(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	5 6 7 7 3 8	6 6 7 7 8 8	6 6 7 7 8 8	(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	(6) (7) (8)	3 6 6 7 7 7 3 8 8	6 6 6 7 7 7 8 8 8	000
 59. ① Do <u>NOT</u> notify me of health promotion opportunities. 60. Mark any of the following health improvement opportunities of which you would like to be notified if available. ① nutrition/healthy eating ① reducing coronary risk 	6 6 7 7 8 8 9 9 Add	6 (7 (8 (9 (66 77 88 99	66 77 88 99	6 6 7 7 8 8 9 9	0 6 0 7 0 8 0 9 0 9 0 ns	(6) (7) (8)	3 6 6 7 7 7 3 8 8	666 777 388 999	777 888
 59. ① Do NOT notify me of health promotion opportunities. 60. Mark any of the following health improvement opportunities of which you would like to be notified if available. ① nutrition/healthy eating ① reducing coronary risk ① weight management ① reducing cancer risk 	6 6 7 7 8 8 9 9 Addi Y	6 (3 (9 (itio	6 6 7 7 8 8 9 9 onal	6 6 7 7 8 8 9 9 Que	6 6 7 7 8 8 9 9 estic	0 6 0 7 0 8 0 9 0 ns N	(6) (7) (8) (9)	6 6 6 7 7 7 3 8 8 9 9 9	6 6 6 7 7 7 8 8 8 9 9 9	777 333 999
59. ① Do NOT notify me of health promotion opportunities. 60. Mark any of the following health improvement opportunities of which you would like to be notified if available. ① nutrition/healthy eating ① reducing coronary risk ① weight management ① reducing cancer risk ① group fitness class ① alcohol/drug help	6 6 7 7 8 8 9 9 Addi Y 1. 1	6 (9 (itic N 2 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4	6 6 7 7 8 8 9 9 onal	6 6 7 7 8 8 9 9 Que	6 6 9 9 9 9 6. 1	0 6 7 9 9 9 N 2 3	(6) (7) (8) (9) (4)	6 6 6 7 7 7 3 8 8 9 9 9	6 6 6 7 7 7 8 8 8 9 9 9 Y N 1 2 3	777 388 999 45
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