

General Health Assessment



This assessment will ask you about your health and lifestyle habits. You will receive a report with information about your health risks, healthy and unhealthy habits, and risk reduction strategies. This health risk assessment is not intended to diagnose any diseases, illnesses or health conditions.

The information obtained from this assessment will be stored in the most secure manner that technology allows. None of your personal data will be released to anyone without your prior approval. TRALE will only use your data to be combined with others in a large database for aggregate reporting back to your employer. This will allow your employer to improve overall employee health through offering specific interventions.

PLEASE PRINT

Name _____
 Street Address _____
 City _____ State _____ ZIP Code _____
 Email _____
 Company _____

Please fill in your responses like this using a No. 2 Pencil ...

1. What is your gender?

- Male Female

2. What is your age?

0	10	20	30	40	50	60	70	80	90
0	1	2	3	4	5	6	7	8	9

3. What is your ethnic origin?

3. Ethnic Origin

- African American
 American Indian or Alaskan Native
 Asian or Pacific Islander
 Hispanic
 White
 Other

4. If you had to rate your current state of health, how would you answer?

4. State of Health

- Great
 Good
 Average
 Below Average
 Poor

5. What is your job class?

5. Job Class

- Management Field/Office Office Staff
 Carpenter/Welder Laborer
 Shop/Maintenance Operator

Tobacco

6. Do you smoke cigarettes?

- Yes, I currently smoke cigarettes
 I quit smoking 2 or more years ago
 I quit smoking less than 2 years ago
 I have never smoked cigarettes

7. If you marked that you **currently smoke cigarettes**, please enter the total number of cigarettes you smoke in an average day.

0	10	20	30	40	50	60	70	80	90
0	1	2	3	4	5	6	7	8	9

8. How many cigars or pipes do you smoke per day?

- None 1 or less 2 or more

9. How many times a day do you use smokeless tobacco (snuff or chewing tobacco)?

- None 1 or less 2 or more

Nutrition

10. How many servings do you eat from the following food groups?

		N O N E	1-4 PER WEEK	5-7 PER WEEK	2 PER DAY	3+ PER DAY
Fruits:	1 medium piece (tennis ball) or ½ cup chopped (½ baseball)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetables:	1 cup raw or ½ cup cooked (½ baseball)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protein:	meat, chicken, nuts, beans (½ deck of cards)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complex carbohydrates:	whole wheat bread, brown rice, whole grain cereal (1 slice/ cooked-½ baseball)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Simple carbohydrates:	white bread, white rice, processed cereal, pasta (1 slice/ cooked-½ cup)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dairy:	milk, cheese, yogurt (1 cup milk, a slice of cheese, 1 cup yogurt)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processed meats:	hot dogs, lunch meats, bacon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fried foods:	french fries, fried chicken, chips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fats:	cream, butter, sauces, shortening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sweets & desserts:	cookies, cake, donuts, candy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Medical Care

21. Do you have a primary care doctor or health care provider? Yes No
22. Have you had or do you have scheduled a routine physical in the past or future 12 months? Yes No
23. Do you have a medical condition that will require use of the healthcare system in the next year? Yes No
24. How confident are you with your ability to do the following?
- | | NOT CONFIDENT | | NEUTRAL | | CONFIDENT |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Understand your healthcare benefits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Talk with your doctor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Care for a minor illness or injury | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Women's Health - MEN GO TO QUESTION 31

25. Are you currently pregnant? Yes No
26. How often do you do a self-administered breast exam to check for lumps? Monthly Rarely or never
Once every few months
27. When did you last have your breasts examined by a physician or nurse? Within the past year More than 3 years ago
1 to 2 years ago Never
2 to 3 years ago
28. When did you last have a Pap Smear? Within the past year More than 3 years ago
1 to 2 years ago Never
2 to 3 years ago
29. When did you last have a digital rectal exam? (Answer only if you are age 40 or over) Within the past year More than 3 years ago
1 to 2 years ago Never
2 to 3 years ago
30. When did you last have a Mammogram (breast x-ray)? (Answer only if you are age 40 or over) Within the past year More than 3 years ago
1 to 2 years ago Never
2 to 3 years ago

Men's Health

31. When did you last have a rectal or prostate exam? (Answer only if you are age 40 or over) Within the past year More than 3 years ago
1 to 2 years ago Never
2 to 3 years ago
32. How often do you examine your testicles for lumps? Monthly Rarely or never
Once every few months

Readiness to Change

33. Are you currently planning to make any changes to keep yourself healthy or improve your health?
- | | YES, IN THE NEXT 30 DAYS | YES, IN THE NEXT 6 MONTHS | I HAVE RECENTLY MADE A HEALTHY CHANGE | I AM ALREADY MAINTAINING HEALTHY HABITS | NOT INTERESTED |
|--------------------|--------------------------|---------------------------|---------------------------------------|---|--------------------------|
| Diet and Nutrition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exercise | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tobacco Use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Weight Management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stress | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Alcohol Use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

MEMBER INTEREST SURVEY
How well do we communicate?

Why participate in wellness? Self-insurance can be a powerful tool, encouraging a team approach, ESHCA has the potential to save money on health insurance. Subsequently, that money would go into retirement benefits where it belongs! The Wellness Program "coaches" the health benefits, developing strategies that reduce the risk of high-cost claims that damage health premiums.

1) ESHCA Wellness offers a monthly online newsletter, "Blueprint to Wellness". It is a coaching tool providing benefit information, health/wellness tips, and connects you to the incentive program. It is offered monthly through an email and quarterly (March, June, Sept, and Dec) through a text link.

• Check all that apply:

- I already receive the newsletter through email and that works for me.
- Please include me in a cell phone text link, my cell phone number is: _____
- I am not interested in receiving the monthly online newsletter.

• Note: your contact information is not shared with anyone. Information is sent one time per month, meaning you will not receive excessive emails and text messages. Every email and text link provides an option to "stop" notifications.

2) Are you aware of the Annual Physical Incentive (\$200) offered through ESHCA?

- Yes, I submitted my paperwork and received the incentive.
- Yes, but I did not submit the paperwork to receive the incentive.
- No, I was not aware of the incentive.

3) ESHCA is encouraging members to register for Gia (the MVP app).

- I have downloaded Gia.
- I have never heard of Gia.
- I have heard of Gia but am not interested in using it.

4) One time per year (fall of 2022), information is mailed outlining the Wellness Programs and the incentive program. Is it effective?

- Yes, I received it and reviewed the information.
- Yes, I received it but did not review the information.
- No, I do not recall receiving the information.

5) I would be interested in more information or programs in relation to (check all that apply):

- Health insurance and how it works.
- Medical conditions such as high blood pressure, high cholesterol, high blood sugar, etc.
- Nutrition
- Exercise
- Finances
- Other: _____