# Employee Wellness Survey

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Age: |  |
| Race: |  | Gender: |  |

Do you now, or have you in the past, suffered from any of the following conditions?

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Allergies | Yes | No | Anemia | Yes | No | Asthma | Yes | No |
| Diabetes | Yes | No | Hearing loss | Yes | No | Heart disease | Yes | No |
| High blood pressure | Yes | No | Joint disorders | Yes | No | Sinus infections | Yes | No |
| Stomach disorders | Yes | No | Vision problems | Yes | No |  |  |  |

|  |  |  |
| --- | --- | --- |
| Are you currently under a physician’s care for any chronic condition or illness? | Yes | No |
| Are you currently taking any prescription medications? | Yes | No |
| If taking medication, do you expect to be doing so long term? | Yes | No |
| Do you currently use tobacco products? If so, how often? |
|   | Daily | Weekly | Monthly | Occasionally |
| Approximately how many cigarettes (or equivalent) do you smoke per day? |  |

How often do you perform aerobic exercise?

1. Daily
2. Two or more times per week
3. Two or more times per month
4. Monthly
5. Less than once per month

Are you at or near the ideal weight for your age, gender and height?

1. Yes
2. No
3. Uncertain
4. Prefer not to answer

How often do you consume soda?

1. Several times a day
2. Once daily
3. Several times a week
4. Rarely
5. Never

How often do you consume fast food meals?

1. Daily
2. A few times each week
3. Weekly
4. Rarely
5. Never

Overall, how would you rate your current health?

1. Excellent
2. Above average
3. Average
4. Below average
5. Poor