



Employee Health and Fitness Questionnaire

Employee Health and Wellness programmes are seen globally as a workplace strategy, not just as nice to have. They make a huge impact on the bottom line, because health really matters in the workplace. The international trend is to view employees holistically. There has been a move from only looking at IQ and EQ to the introduction of health and wellness programmes which assist employees in coping with daily life.

Because timely and insightful information is generated from wellness programmes, employers can address problems early with tailored staff interventions. They will also be able to understand the causes and better appreciate the impact of intervention options.

Date: _____

Name: _____

Contact number: H _____ C _____ W _____

Email: _____

Position: _____ Company: _____

Biographical Information:

What gender are you? Male Female

What age are you? 20-30 30-40 40-50 50-60

What height are you? _____ M

How much do you weigh? _____ Kg

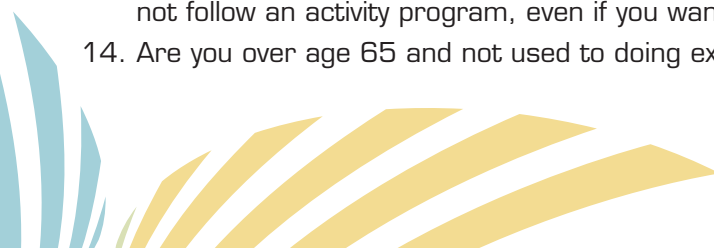
Doctors Name _____ Number _____

Please read the questions carefully and tick the yes or no opposite the question if it applies to you.

Question

Answer

- | | | |
|---|------------------------------|-----------------------------|
| 1. Has your doctor ever said you have heart trouble? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Do you ever have pains in your heart and chest? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Do you ever feel faint or have spells of severe dizziness? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Has a doctor ever said your blood pressure was too high? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise or might be made worse with exercise? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Have you ever had a stroke? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Have you ever had Rheumatic fever? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Do you have any medical and/or muscular skeletal problems? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Have you ever been denied life insurance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. Have you had surgery in the last 12 months? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. Have you ever had shortness of breath with or without exercise? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12. Are you unaccustomed to vigorous exercise? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 13. Is there a good physical reason, not mentioned here, why you should not follow an activity program, even if you wanted to? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 14. Are you over age 65 and not used to doing exercise? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |



2. How active are you?

- Extremely — I'm an athlete.
- I get a good workout at least 3 days a week.
- I exercise once or twice a week, most weeks.
- I get exercise when I can, but not weekly.
- Not at all — I never exercise.

3. Do you smoke cigarettes/cigars/a pipe/take snuff?

- Yes, everyday. If so how many packets a day?
- Yes, once in a while. (Social smoker)
- Not anymore — I gave up over 5 years ago.
- Not anymore — I gave up less than 5 years ago.
- No — never have and never will.

4. Does anyone in your home or at your workplace smoke (inside)?

- Yes, I'm exposed to secondhand smoke more than once a week.
- Yes, but it's limited (they smoke outside).
- No, but I'm occasionally exposed to secondhand smoke.
- No, I'm rarely around smokers.
- I'm rarely exposed to smoke, although I'm often exposed to car exhaust and/or other pollutants.

5. Your eating habits?

- I eat breakfast, lunch, dinner and a snack or two.
- I usually eat three meals a day, but I often wait too long between meals.
- I often skip meals, especially breakfast and don't have a routine.

Describe what you consume during a typical day and frequency? (try to be specific: cold drinks, sweets, chocolate, steak, chicken, bread, pap)

6. How often do you drink alcohol?

- Never.
- Occasionally at a party or with friends.
- I have one spirit drink or a glass of wine/beer most days.
- I have about two drinks a day.
- I usually have more than 2 drinks a day (or more than 14 drinks a week).



7. Do you use "recreational" drugs?

- No — never.
- No — not anymore.
- Yes — every once in a while.
- Yes — on a regular basis.

8. How would you describe your outlook on life?

- Happy — I'm cheerful and genuinely happy.
- Content — I'm happy most of the time, with occasional blue days.
- Average — I have my good days and bad days.
- Moody — I'm sulky quite often, but I have brighter days too.
- Depressed — I usually feel quite sad or negative.

9. How stressed are you usually?

- Not at all — I have a calm and stress-free life.
- Some stress — but I can handle it.
- Close to the edge — sometimes stress can really get to me.
- Very — I have a lot of stress, but for the most part I can handle it.
- Overwhelmed — I often feel overwhelmed by the stress in my life.

10. Do you feel that you are an anxious/nervous person?

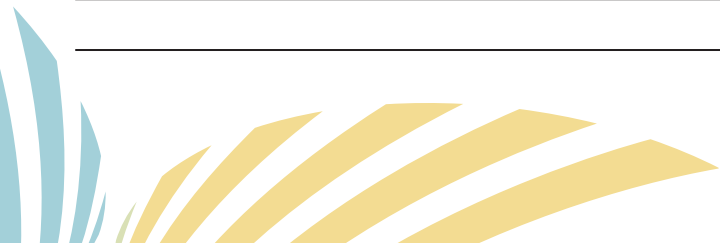
- No.
- Not usually.
- Yes, but only about big problems.
- I worry often, even when I know I shouldn't.
- Very — I worry about most things.

11. Describe your inoculation history.

- I've had all my childhood inoculations, adult boosters and the annual flu injection.
- I've had all my childhood inoculations and adult boosters — but no flu injections.
- I've had all my childhood inoculations — but no adult boosters.
- I don't have any or good records.
- I have never received inoculations.

12. Have you ever been diagnosed with: Heart disease, high cholesterol or hypertension?

Yes No If yes, please indicate which disease/s



13. Have you ever had any kind of cancer?

Yes No

14. Has any member of your family died of cancer before age 55?

Yes No Don't know

15. Are you pregnant? (Now or in the last 3 months?)

Yes No

16. Has any member of your family been diagnosed with any type of diabetes?

Yes No Don't know If yes, please indicate if it is/was type A or type B diabetes

17. Has any member of your family died of heart disease before age 55?

Yes No Don't know


18. You've had a stressful day, what do you do?

- Chocolate, a bag of potato crisps, some other comfort food, and/or alcohol.
- I take a walk, go to the gym, garden or do some other form of exercise.
- I rent a video, get together with a friend or other non-food, non-exercise (and non narcotic) ways to relax.
- I take my work stress home and take it out on my family.

19. How much exercise do you get? (The type of exercise that increases heart rate and makes you breathe more heavily).

- As little as possible! I love lifts, hate stairs and rarely even take a walk.
- About three times a week: take a walk or get on the treadmill or other machine for about 15 – 20 min.
- Go to gym and work out at least 5 days a week, at minimum, 150 minutes of aerobic exercise.

20. What type of exercise interests you?

- Walking/jogging
 - Swimming
 - Cycling/stationary biking
 - Strength Training
 - Tennis/Squash
- 

21. What makes it difficult for you to exercise daily?

- I'm too busy and don't have enough time in my day.
- I don't have the motivation to exercise.
- I do not have the proper guidance or access to the exercise equipment.
- I don't see the need for exercise.

22. Have you been recently hospitalised for any cause? Be specific:

23. Please state your fitness, health and wellness goals:

24. What are the lifestyle factors that are preventing you from exercising and living the healthy life you would like to live?

25. Would you like to have access to a home based gym programme and/or a gym membership?

Yes No

NB: Member of your family = parent, sibling or child.

