Johnson County Employee Wellness Health Assessment Survey 2018

Demographics

Demographics are collected to better understand who is participating in the survey. We thank you for providing responses to these questions in order to better understand the needs of our employee population.

1. What is your age range?
   a. 18-24
   b. 25-34
   c. 35-44
   d. 45-54
   e. 55-64
   f. 64+

2. How do you identify your race and/or ethnicity? Please select all that apply.
   a. White
   b. Hispanic or Latino
   c. Black or African American
   d. Native American or American Indian
   e. Asian/Pacific Islander
   f. Other (please specify)

3. How do you identify your gender?
   a. Male
   b. Female
   c. Transgender
   d. Other (please specify)

Health Status

1. How would you rate your overall health?
   a. Excellent
   b. Good
   c. Fair
   d. Poor

2. Have you ever been told by a doctor, nurse, or other health professional that you have any of the following disorders (check all that apply):
   a. Heart disease
   b. Hypertension or pre-hypertension
   c. Diabetes or pre-diabetes
   d. Chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis
   e. Asthma
   f. Arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia
   g. Carpal tunnel syndrome
   h. Chronic or recurrent low back pain
i. A depressive disorder (including depression, major depression, dysthymia, or minor depression)
j. An anxiety disorder

3. Are you currently taking medications for any of the followings conditions?
   a. High blood pressure
   b. Asthma
   c. High blood cholesterol
   d. Arthritis
   e. Diabetes
   f. Low back pain
   g. A depressive disorder (including depression, major depression, dysthymia, or minor depression)
   h. An anxiety disorder

4. In the past three months, have you had muscle, skeletal, or joint pain, achiness, or stiffness in any of the following areas every day for a week or more?
   a. Neck or shoulders
   b. Low back
   c. Elbow, wrist, or hand
   d. Hip, knee, ankle or foot
   e. Not applicable (skip to question 6)

5. How often does this pain, aching, or stiffness affect you or your activities?
   a. Rarely
   b. Monthly
   c. Weekly
   d. Daily
   e. Never

6. Do you or will you have a need for pregnancy-related information within the next year?
   a. Yes
   b. No
   c. Don’t know/not sure

The next set of questions ask about preventive services you may have received and when you had them last

7. How long has it been since you last visited a doctor for a routine checkup? (a routine checkup is a general physical exam, not an exam for a specific illness, injury, or condition).
   a. Within the past year (less than 12 months ago)
   b. Within the past 2 years (more than one year but less than two years)
   c. Within the past 5 years (more than two years but less than 5)
   d. 5 or more years ago
   e. Don’t know/not sure
   f. Never

8. How long has it been since you last visited a dental office for a routine checkup? (a routine checkup is a general oral exam, not an exam for a specific injury or condition).
a. Within the past year (less than 12 months ago)
b. Within the past 2 years (more than one year but less than two years)
c. Within the past 5 years (more than two years but less than 5)
d. 5 or more years ago
e. Don’t know/not sure
f. Never
9. How long since you last had a blood pressure check
   a. Within the past year (anytime less than 12 months ago)
   b. More than 12 months ago
   c. Don’t know/not sure
   d. Never
10. How long since your last had a cholesterol test
    a. Within the past year (less than 12 months ago)
    b. Within the past 2 years (more than one year but less than two years)
    c. Within the past 5 years (more than two years but less than 5)
    d. 5 or more years ago
    e. Don’t know/not sure
    f. Never
11. Have you had a test for high blood sugar or diabetes in the past three years?
    a. Yes
    b. No
    c. Don’t know/not sure
12. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?
    a. Yes
    b. No
    c. Don’t know/not sure
13. During the past 12 months, have you had a seasonal flu vaccine?
    a. Yes
    b. No
    c. Not sure
14. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?
    a. Yes
    b. No
    c. Don’t know/not sure
    d. Does not apply to me
15. A pap test is a test for cancer of the cervix, have you ever had a Pap test?
    a. Yes
    b. No
    c. Don’t know/not sure
    d. Does not apply to me

Lifestyle
16. Do you currently smoke cigarettes every day, some days, or not at all?
   a. Every day
   b. Some days
   c. Not at all (skip to question 18)

17. Are you seriously considering quitting smoking cigarettes in the next 6 months?
   a. Yes
   b. No

18. Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?
   a. Every day
   b. Some days
   c. Not at all (skip to question 20)

19. Are you seriously considering quitting using chewing tobacco, snuff, or snus in the next 6 months?
   a. Yes
   b. No

20. Do you currently use electronic smoking devices/vape/juul/e-cigs, etc.
   a. Every day
   b. Some days
   c. Not at all

21. Are you seriously considering quitting using electronic smoking devices/vape/juul/e-cigs, etc. in the next 6 months?
   a. Yes
   b. No

22. The daily recommendation for physical activity is to complete 30 minutes of activities that get your heart rate up (such as walking, jogging, biking, carrying light loads) in increments of at least 10 minutes. In a typical week, how many days do you meet this?
   a. None
   b. 1-2 times per week
   c. 3 or more times per week

23. In a typical week, how many times do you do exercises to strengthen your muscles, such as push-ups, sit-ups, or weight lifting?
   a. None
   b. 1-2 times per week
   c. 3 or more times per week

24. One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, about how many drinks did you drink on average? Note: a 40-ounce beer would count as three drinks, or a cocktail with two shots would count as two drinks
   a. None
   b. 1-5
   c. 6-10
   d. 11-15
   e. 16-20
   f. 21+
   g. Don’t know/not sure
25. Considering all types of alcoholic beverages, how many times during the past 30 days did you have five (men) or four (women) or more drinks on any occasion?
   a. None
   b. 1-5
   c. 6-10
   d. 11-15
   e. 16-20
   f. 21+
   g. Don’t know/not sure

26. During the past 30 days, how many times per week did you eat fried foods? (fried chicken or fish, hash browns, French fries, etc.)
   a. I don’t eat fried foods
   b. 1-2
   c. 3-4
   d. 5 or more

27. How many servings of fruits do you usually have per day? (1 serving = 1 medium piece of fruit, ½ cup chopped, cooked, or canned fruits, ¾ cup fruit juice, or 1/2 cup dried fruit)?
   a. I don’t eat fruits
   b. 1-2
   c. 3-4
   d. 5 or more

28. How many servings of vegetables do you usually have per day? (1 serving = ½ cup chopped, cooked, or canned vegetables, ¾ cup vegetable juice, or small bowl of salad greens)
   a. I don’t eat vegetables
   b. 1-2
   c. 3-4
   d. 5 or more

29. During the past 30 days, how many times per week did you eat whole grain foods (whole-wheat grains or pasta, oatmeal)?
   a. I don’t eat whole grain foods
   b. 1-2
   c. 3-4
   d. 5 or more

30. During the past 30 days, how many times per week did you drink regular soda or beverages that contain sugar?
   a. I don’t drink soda or beverages that contain sugar
   b. 1-2
   c. 3-4
   d. 5 or more

Mental Well-being

31. How often do you get enough restful sleep to function well in your job and personal life?
   a. Always
   b. Most of the time
c. Sometimes
   d. Rarely
   e. Never
   f. Don’t know/not sure

32. How often do you experience stress at WORK that exceeds your ability to cope?
   a. Always
   b. Most of the time
   c. Sometimes
   d. Rarely
   e. Never
   f. Don’t know/not sure

33. How often do you experience stress at HOME that exceeds your ability to cope
   a. Always
   b. Most of the time
   c. Sometimes
   d. Rarely
   e. Never
   f. Don’t know/not sure

34. How often do you get the emotional and social support that you need?
   a. Always
   b. Most of the time
   c. Sometimes
   d. Rarely
   e. Never
   f. Don’t know/not sure

Financial Wellness

<table>
<thead>
<tr>
<th>35. Please mark your agreement with the following statements</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am confident that I can plan a financial budget</td>
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<tr>
<td>I stress about my finances</td>
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<td>I feel stressed about the amount of money I owe (credit cards, student loans, car payments, etc.)</td>
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Behavior Change

36. Which of the following best describes you regarding each of these activities?

<table>
<thead>
<tr>
<th>Healthy Eating</th>
<th>I am satisfied with the way I am now and have no desire to change</th>
<th>I have considered making healthier choices</th>
<th>I have seriously considered making healthier choices and I am ready to make a change</th>
<th>I have started making healthier choices</th>
<th>I have already made changes for a healthier lifestyle and I am trying to maintain them</th>
<th>Not Applicable</th>
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<tbody>
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<td>Weight Loss</td>
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<td>Physical activity</td>
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<td>Tobacco use</td>
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<td>Stress reduction</td>
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<td>Sleep</td>
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<td>Alcohol use</td>
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Workplace Health

37. In the past 30 days, how many times did you miss part or all of a workday because of problems with your physical or mental health?
   a. None
   b. 1-5
   c. 6-10
   d. 11-15
   e. 16-20
   f. 21+

38. In the past 12 months, how many times have you been injured on the job?
   a. None
   b. 1-5
   c. 6-10
   d. 11-15
   e. 16-20
   f. 21+
References

