In the next 6 months, are you planning to make any changes to keep yourself healthy or improve your health?

- Increase physical activity
- Lose weight
- Reduce alcohol use
- Quit or cut down smoking
- Reduce fat / cholesterol intake
- Lower blood pressure
- Lower cholesterol level
- Cope better with stress

In the next 6 months, would you participate in a program that would help you to enhance your overall health?

- Yes
- No
- I'm not sure

If available, would you like follow-up information and other services to enhance your health? (If you answer yes, your information may be used only by approved vendors to enhance your health through personal contact or written information.)

- Yes
- No

Your privacy comes first! Your name and identification number are required to confirm your eligibility to take advantage of this Health Risk Appraisal (HRA). Beyond this purpose, your information is considered anonymous. Your data are held in confidence by the University of Michigan Health Management Research Center and are used in an aggregate, anonymous form for reporting and scientific research.

Your results will be kept strictly confidential.
When was the last time you had these preventive services or health screenings?

<table>
<thead>
<tr>
<th>Service</th>
<th>0-1 year ago</th>
<th>1-2 years ago</th>
<th>2-3 years ago</th>
<th>3-4 years ago</th>
<th>5-6 years ago</th>
<th>7 or more years ago</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon cancer screen</td>
<td></td>
<td></td>
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<tr>
<td>Rectal exam</td>
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<td>Flu shot</td>
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<tr>
<td>Tetanus shot</td>
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<td>Cholesterol</td>
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</tr>
</tbody>
</table>

For Women Only

- Pap Test
- Mammogram
- Breast exam by
  - Physician or nurse

For Men Only

- Prostate exam

In the past 12 months, how many times have you:

- Visited a physician’s office or clinic
- Gone to the emergency room
- Stayed overnight in a hospital

WOMEN (Men go to question 45)

How many women in your natural family (mother and sisters only) have had breast cancer?

- None
- 1
- 2 or more
- Don’t know

Have you had a hysterectomy operation?

- Yes
- No
- I’m not sure

At what age did you have your first menstrual period?

- Younger than 12
- 13
- 14 or older

What percent of the time do you usually buckle your safety belt when driving or riding?

- 100%
- 90-99%
- 80-89%
- 70-79%
- less than 80%

On the average, how close to the speed limit do you usually drive?

- Within 5 mph of the speed limit
- 6-10 mph over the limit
- More than 10 mph over the limit
- Don’t know

On a typical day how do you usually travel? (mark only one)

- Sub-compact or compact car
- Truck, van, full-size van or SUV
- Mid-size or full-size car, or minivan
- Motorcycle
- Other

How many servings of food do you eat that are high in fiber, such as whole grain bread, high fiber cereal, fresh fruits or vegetables? (serving size: 1 slice bread, ½ c vegetables, 1 medium fruit, ¾ c cereal)

- 5-6 servings a day
- 3-4 servings a day
- 1-2 servings a day
- Rarely / never

How many servings of food do you eat that are high in cholesterol or fat such as fatty meat, cheese, fried foods or eggs? (serving size: 3 ½ oz meat, 1 egg, 1 oz/slice cheese)

- 5-6 servings a day
- 3-4 servings a day
- 1-2 servings a day
- Rarely / never

In the average week, how many times do you engage in physical activity (exercise or work which is hard enough to make you breathe heavily and make your heart beat faster) and is done for at least 20 minutes? Examples include running, brisk walking or heavy labor, e.g. chopping, lifting, digging, etc.

- Less than 1 time per week
- 1 or 2 times per week
- 3 times per week
- 4 or more times per week

In general, how satisfied are you with your life (include personal and professional aspects)?

- Completely satisfied
- Mostly satisfied
- Partly satisfied
- Not satisfied

Would you agree you are satisfied with your job?

- Agree strongly
- Agree
- Disagree
- Disagree strongly
In general, how strong are your social ties with your family and/or friends?
- Very strong
- About average
- Weaker than average
- Not sure

Considering your age, how would you describe your overall physical health?
- Excellent
- Very Good
- Good
- Fair
- Poor

How many hours of sleep do you usually get at night?
- 6 hours or less
- 7 hours
- 8 hours
- 9 hours or more

Have you suffered a personal loss or misfortune in the past year? (For example: a job loss, disability, divorce, separation, jail term, or the death of someone close to you)
- Yes, two or more serious losses
- Yes, one serious loss
- No

How often do you feel tense, anxious, or depressed?
- Often
- Rarely
- Sometimes
- Never

During the past year, how much effect has stress had on your health?
- A lot
- Some
- Hardly any
- None

In the past year, how many days of work have you missed due to personal illness?
- All of the time
- Most of the time
- Some of the time
- None of the time

During the past 4 weeks how much did your health problems affect your productivity while you were working?
- All of the time
- Most of the time
- Some of the time
- None of the time

Do you have a family history (brother, sister, mother, father, grandparents) of:
- High Blood Pressure
- Heart Problems
- Diabetes
- Cancer
- High Cholesterol

Do you have:
- Allergies
- Arthritis
- Asthma
- Back Pain
- Cancer
- Chronic bronchitis/emphysema
- Chronic pain
- Depression
- Diabetes
- Heartburn or acid reflux
- High blood pressure
- High cholesterol
- Menopause
- Migraine headaches
- Osteoporosis
- Stroke
- Other condition

If have currently taking medication under medical care

Proprietary question not available for public viewing.
In general, how strong are your social ties with your family and/or friends?
- Very strong
- About average
- Weaker than average
- Not sure

Considering your age, how would you describe your overall physical health?
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How often do you feel tense, anxious, or depressed?
- Often
- Rarely
- Sometimes
- Never

During the past year, how much effect has stress had on your health?
- Some
- Hardly any
- None

In the past year, how many days of work have you missed due to personal illness?
- 0
- 1-2 days
- 3-5 days
- 6-10 days
- 11-15 days
- 16 days or more

During the past 4 weeks how much did your health problems affect your productivity while you were working?
- None
- Some
- Most of the time
- All of the time

In the past 2 weeks, how much of the time did your physical health or emotional problems make it difficult for you to do the following?
- Mark the 'Does Not Apply to My Job' box only if the question describes something that is not part of your job.

Work the required number of hours
- All of the time
- Most of the time
- Half of the time
- Some of the time
- None of the time
- Does not apply to my job

Start on your job as soon as you arrived at work
- All of the time
- Most of the time
- Half of the time
- Some of the time
- None of the time
- Does not apply to my job

Repeat the same hand motions over and over again while working
- All of the time
- Most of the time
- Half of the time
- Some of the time
- None of the time
- Does not apply to my job

Use your equipment (i.e., phone, pen, keyboard, computer mouse)
- All of the time
- Most of the time
- Half of the time
- Some of the time
- None of the time
- Does not apply to my job

Concentrate on your work
- All of the time
- Most of the time
- Half of the time
- Some of the time
- None of the time
- Does not apply to my job

Help other people to get work done
- All of the time
- Most of the time
- Half of the time
- Some of the time
- None of the time
- Does not apply to my job

Do the required amount of work on your job
- All of the time
- Most of the time
- Half of the time
- Some of the time
- None of the time
- Does not apply to my job

Feel you have done what you are capable of doing
- All of the time
- Most of the time
- Half of the time
- Some of the time
- None of the time
- Does not apply to my job

High Blood Pressure
- Yes
- No
- I'm not sure

Heart Problems
- Yes
- No
- I'm not sure

Diabetes
- Yes
- No
- I'm not sure

Cancer
- Yes
- No
- I'm not sure

High Cholesterol
- Yes
- No
- I'm not sure

If you have currently:

- Taking medication
- Under medical care

Allergies
- Never
- In the past
- Currently

Arthritis
- Never
- In the past
- Currently

Asthma
- Never
- In the past
- Currently

Back Pain
- Never
- In the past
- Currently

Cancer
- Never
- In the past
- Currently

Chronic bronchitis/ emphysema
- Never
- In the past
- Currently

Chronic pain
- Never
- In the past
- Currently

Depression
- Never
- In the past
- Currently

Diabetes
- Never
- In the past
- Currently

Heart problems
- Never
- In the past
- Currently

Heartburn or acid reflux
- Never
- In the past
- Currently

High blood pressure
- Never
- In the past
- Currently

High cholesterol
- Never
- In the past
- Currently

Menopause
- Never
- In the past
- Currently

Migraine headaches
- Never
- In the past
- Currently

Osteoporosis
- Never
- In the past
- Currently

Stroke
- Never
- In the past
- Currently

Other condition
- Never
- In the past
- Currently

How many hours did you take off from work over the past 2 weeks to take care of sick children, parents or other relatives? (This might include taking children to doctor’s appointments, staying home with a sick child or parent or calling doctors or health insurance companies.)

- 0
- 1
- 2
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- 36
- 37

Turn the page.
### 18. What percent of the time do you usually buckle your safety belt when driving or riding?
- 100%
- 90-99%
- 80-89%
- 70-79%
- 60-69%
- 50-59%
- 40-49%
- 30-39%
- 20-29%
- 10-19%
- 0-9%
- Never

### 19. On the average, how close to the speed limit do you usually drive?
- Within 5 mph of the speed limit
- 6-10 mph over the limit
- More than 10 mph over the limit
- Less than 5 mph over the limit
- Within 10 mph of the speed limit
- 5-9 mph under the speed limit
- 1-4 mph under the speed limit
- 0-4 mph under the speed limit
- More than 10 mph under the speed limit

### 20. On a typical day how do you usually travel? (mark only one)
- Sub-compact or compact car
- Truck, van, full-size van or SUV
- Mid-size or full-size car, or minivan
- Motorcycle
- Bicycle
- Public transportation
- Walk or jog
- Other

### 21. How many servings of food do you eat that are high in fiber, such as whole grain bread, high fiber cereal, fresh fruits or vegetables? (serving size: 1 slice bread, ½ c vegetables, 1 medium fruit, ¾ c cereal)
- 5-6 servings a day
- 3-4 servings a day
- 1-2 servings a day
- Rarely / never

### 22. How many servings of food do you eat that are high in cholesterol or fat such as fatty meat, cheese, fried foods or eggs? (serving size: 3 ½ oz meat, 1 egg, 1 oz/slice cheese)
- 5-6 servings a day
- 3-4 servings a day
- 1-2 servings a day
- Rarely / never

### 23. In the average week, how many times do you engage in physical activity (exercise or work which is hard enough to make you breathe heavily and make your heart beat faster) and is done for at least 20 minutes? Examples include running, brisk walking or heavy labor, e.g. chopping, lifting, digging, etc.
- Less than 1 time per week
- 1 or 2 times per week
- 3 times per week
- 4 or more times per week
- 7 or more times per week

### 24. In general, how satisfied are you with your life (include personal and professional aspects)?
- Completely satisfied
- Mostly satisfied
- Partly satisfied
- Not satisfied

### 25. Would you agree you are satisfied with your job?
- Agree strongly
- Agree
- Disagree
- Disagree strongly

---

**WOMEN (Men go to question 45)**

### 38. When was the last time you had these preventive services or health screenings?

<table>
<thead>
<tr>
<th>Service</th>
<th>Less than 1 year ago</th>
<th>1-2 years ago</th>
<th>2-3 years ago</th>
<th>3-4 years ago</th>
<th>5-6 years ago</th>
<th>7 or more years ago</th>
<th>Never</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon cancer screen</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Rectal exam</td>
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</table>

**For Women Only**

<table>
<thead>
<tr>
<th>Service</th>
<th>Less than 1 year ago</th>
<th>1-2 years ago</th>
<th>2-3 years ago</th>
<th>3-4 years ago</th>
<th>5-6 years ago</th>
<th>7 or more years ago</th>
<th>Never</th>
<th>Don't know</th>
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</thead>
<tbody>
<tr>
<td>Pap Test</td>
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<tr>
<td>Mammogram</td>
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<tr>
<td>Breast exam by physician or nurse</td>
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</tbody>
</table>

**For Men Only**

<table>
<thead>
<tr>
<th>Service</th>
<th>Less than 1 year ago</th>
<th>1-2 years ago</th>
<th>2-3 years ago</th>
<th>3-4 years ago</th>
<th>5-6 years ago</th>
<th>7 or more years ago</th>
<th>Never</th>
<th>Don't know</th>
</tr>
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<tbody>
<tr>
<td>Prostate exam</td>
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</table>

### 39. In the past 12 months, how many times have you:

<table>
<thead>
<tr>
<th>Activity</th>
<th>0</th>
<th>1-2</th>
<th>3-5</th>
<th>6 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visited a physician's office or clinic</td>
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</tr>
<tr>
<td>Stayed overnight in a hospital</td>
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</tr>
</tbody>
</table>

### 40. How many women in your natural family (mother and sisters only) have had breast cancer?
- None
- 1
- 2 or more
- Don’t know

### 41. Have you had a hysterectomy operation?
- Yes
- No
- I’m not sure

### 42. At what age did you have your first menstrual period?
- Younger than 12
- 12
- 13
- 14 or older

---

**PLEASE DO NOT WRITE IN THIS AREA**
In the next 6 months, are you planning to make any changes to keep yourself healthy or improve your health?

- Increase physical activity
- Lose weight
- Reduce alcohol use
- Quit or cut down smoking
- Reduce fat / cholesterol intake
- Lower blood pressure
- Lower cholesterol level
- Cope better with stress

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In the next 6 months, would you participate in a program that would help you to enhance your overall health?

- Yes
- No
- I’m not sure

If available, would you like follow-up information and other services to enhance your health? (If you answer yes, your information may be used only by approved vendors to enhance your health through personal contact or written information.)

- Yes
- No

Your results will be kept strictly confidential.

THANK YOU FOR YOUR PARTICIPATION.