



Wellness Survey

This voluntary survey is part of an effort to collect information about the health status of Long Islanders. The Long Island Health Collaborative is a bi-county effort among hospitals, the two county health departments and numerous Community-based organizations. Information from this survey is completely confidential. The data will be used to determine the effectiveness and quality of community health programs. For more information about the collaborative go to: <http://nshc.org/long-island-health-collaborative/>

Name: _____ **Sex:** M F Other **Age:** ____ **Date:** _____
Home Zip Code: _____ **Pre-Program** ____ **Post-Program** ____
Race/Ethnicity: Asian Black/African American Multi Racial Native American White
Are you Hispanic/Latino? Yes __ No __
Who is completing the survey? Self ____ Parent ____ Caregiver ____
Reason for participating in Program: _____

Please **help us learn about your lifestyle**, your feelings about health, and how you manage your health. There are **no right or wrong answers**. By collecting and analyzing this information, it will help us improve our health and wellness programming for you, your family and the community. All your answers will be kept confidential.

1. Would you say that in general your health is:

Excellent Very Good Good Fair Poor

2. I know what my healthy Body Mass Index (BMI) or weight for my height (BMI) should be.

Yes No

3. I can find a doctor or nurse who gives me good advice about how to stay healthy

Yes No

4. During the past **3 months (90 days)**, have you done any of the following to maintain or improve your health:

	Yes	No
Thought about changing eating habits to maintain or improve health?	<input type="checkbox"/>	<input type="checkbox"/>
Changed eating habits to maintain or improve your health?	<input type="checkbox"/>	<input type="checkbox"/>
Thought about participating in physical activities or exercise to maintain or improve health?	<input type="checkbox"/>	<input type="checkbox"/>
Participated in physical activities or exercise to maintain or improve health?	<input type="checkbox"/>	<input type="checkbox"/>

5.

In a typical week:	ALWAYS (6-7 days)	OFTEN (3-5 days)	SOMETIMES (2 days)	RARELY (1 day)	NOT AT ALL
I find healthy foods that are within my budget					
I eat 2 or more servings of fruit every day					
I eat 2 or more servings of vegetables every day					
I eat low fat and low cholesterol foods (for example low fat dairy, lean meats, chicken & fish)					
I think about what is a healthy BMI or					

	weight to be healthy					
	I eat foods high in fiber (for example whole grains and beans)					
	In a typical week:	ALWAYS (6-7 days)	OFTEN (3-5 days)	SOMETIMES (2 days)	RARELY (1 day)	NOT AT ALL
	I drink regular soda and sweetened beverages					
	I drink at least 4 glasses of water every day					
	I do things to help me relax					
	I feel lonely					
	I do things that make me feel good about myself					
	I feel bored					
	I talk to friends and family about the things that are bothering me					
	I change things in my life to reduce my stress					
	I do physical activity for more than 20 minutes per day					
	I fit exercise into my regular routine					
	I find ways to exercise that I enjoy					
	I find places for me to exercise in the community					
	I take steps to be safe when I exercise (for example: reflective clothing, protective gear)					
	I do stretching exercises					
	I know where to get information on how to take care of my health					
	I watch for negative changes in my body's condition (for example: weight changes, breathing problems, sores, sleep changes)					
	When I have a health problem, I call my doctor or nurse.					
	I use medication correctly.					
	I use tobacco products					
	I have more than 1 alcoholic drink per day					
	I get help from others when I need it					

Adapted from:

Becker, H., Stuifbergen, A., Oh, H., & Hall, S. (1993). Self-rated abilities for health practices: A health self-efficacy measure. *Health Values* 17(5), September/October, 42-50.