

Employee Health Habits Survey

To help us plan health and wellness activities please complete the following survey about your current health habits and your interest in health-promoting activities. If you have any questions, please contact your school nurse-teacher. Thank you for your assistance.

Your school employee wellness team

Activity	Already do	Would like to do	No interest
I exercise vigorously at least 20 minutes 3 or more times each week.			
I exercise moderately for 30 minutes 3 or more times each week			
I do not smoke cigarettes.			
I am not more than 20 pounds over my ideal weight.			
I avoid eating too much fat.			
I avoid eating too much sugar.			
I eat plenty of foods containing fibers, such as whole grains, cereals, fruits and vegetables.			
I eat breakfast daily.			
I rarely feel stressed.			
I have my blood pressure checked annually.			
I regularly wear a seat belt when I am in a car.			
I consume no more than two drinks containing alcohol each day.			
I drink 6-8 glasses of water every day.			
I get 8 hours of sleep most nights.			
I consult a medical self-care resource when I do not feel well.			