

Health Interest Questionnaire

Thanks for telling us what health topics and activities would interest you (note: this questionnaire is intended for active and reserve military members and family members only).

There are 13 questions in this survey

demographics

[]My age range is

Please choose **only one** of the following:

- 0-16
- 17-24
- 25-39
- 40+

[]My gender is

Please choose **only one** of the following:

- male
- female

[]My duty status is

Please choose **only one** of the following:

- active duty
- government civilian
- reservist
- family member
- Other

[]

My UIC is (please enter only the 5 or 6 digit alpha-numeric code for your command):

Please write your answer here:

[]Enter todays date *

Please enter a date:

preferences

[]

Where do you get physical activity most often?

Please choose **only one** of the following:

- Home/neighborhood
- Fitness Center
- At work
- Other place
- Don't exercise
- by walking
- by biking

[] Please indicate the best time for you to participate in Health Promotion/Wellness programs and activities

Please choose **only one** of the following:

- Early AM
- Mid-AM
- Lunch Hour (mid-day)
- Late afternoon (1600 or later)
- Not at all
- Other

[] How long should Health Promotion/Wellness programs and activities last?

Please choose **only one** of the following:

- 30 minutes
- 45 minutes
- 60 minutes
- 90 minutes

[]

Which of these formats for Health Promotion/Wellness information would you be interested in?

Please choose the appropriate response for each item:

	Yes	Uncertain	No
Pamphlets, magazines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Videos, slide presentations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talks by experts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E-mail	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bulletin Boards/Kiosks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Screenings/Health Fairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Classes and courses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participating in contests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GMT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
app	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[]What Health Promotion/Wellness topics are you most interested in learning more about?

Please choose the appropriate response for each item:

	Yes	Uncertain	No
Tobacco Cessation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weight Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Basic Nutrition for Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sports Nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutritional Supplements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthy Cooking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Health/Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cholesterol Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hypertension (High Blood Pressure Control)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prenatal/parenting Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Back Injury Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sports Injury Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[]

What is probability that you would participate in each of the following activities?

Please choose the appropriate response for each item:

	Yes	Uncertain	No
Weight Training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yoga	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Massage Therapy (fee based)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aerobic Exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kick Boxing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Step Aerobics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jogging	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cycling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Body Fat Analysis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress Management Course	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthy Cooking Class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group Weight Management Class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal Trainer Sessions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco Cessation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Basic Nutrition Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-directed Computer Counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

readiness

[]Using the Answer Key below, determine your answer for each health behavior listed: 1 = I haven't really thought about improving this yet; 2 = I plan to improve this in the next 3-6 months; 3 = I plan to improve this within the next 30 days; 4 = I recently started doing this I have been working on this regularly for more than 6 months; 5 = I don't have this problem or this is N/A for me

Please choose the appropriate response for each item:

	1	2	3	4	5
Practice healthy eating habits	<input type="radio"/>				
Maintain a good fitness program	<input type="radio"/>				
Reduce my stress	<input type="radio"/>				
Not smoke or use tobacco	<input type="radio"/>				
Lose weight, or maintain a healthy weight	<input type="radio"/>				
Reduce high cholesterol	<input type="radio"/>				
Reduce or manage my high blood pressure	<input type="radio"/>				

[]When was the last time you participated in a health and wellness class or activity during work hours or your lunch break?

Please choose **only one** of the following:

- this year
- over one year ago
- over 5 yeras ago
- never

Thank you!

Submit your survey.
Thank you for completing this survey.