



7250 Poe Ave Suite 300  
Dayton, Ohio 45414  
1-800-433-1204

## Health Status - 2021

In general, what is the quality of your health?

- Excellent                       Good                       Fair                       Poor

Do you currently smoke cigarettes, cigars, pipes or hookah?

- Every day                       Most days                       Some days  
 Never smoked                       I quit

Do you currently use smokeless tobacco (e.g., dip, snuff)?

- Every day                       Most days                       Some days  
 Never smoked                       I quit

## Alcohol Use

How many alcoholic beverages do you have during a typical day when you drink alcohol? (One drink = 12 ounces of regular beer, 5 ounces of wine, 1.5 ounces of 80-proof distilled spirits)

- Not applicable, I do not drink                       1 to 2                       3 to 4  
 5 or more

How often do you typically drink 5 or more alcoholic drinks on one occasion?

- Daily                       Weekly                       Monthly  
 Once or twice a year                       Never

Do you use a seat belt when you drive or ride as a passenger

- Always                       Most of the time                       Sometimes                       Rarely                       Never

How often do you use the safety equipment recommended for your job?

- Always                       Most of the time                       Sometimes                       Rarely                       Never

In general, how satisfied are you with your life?

- Very satisfied                       Mostly satisfied                       Somewhat                       Not satisfied

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How often do you feel stressed in life?

- Always       Most of the time       Sometimes       Rarely       Never

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How often do you have someone to talk to when you are feeling lonely, depressed, angry, or in need of help?

- Always       Most of the time       Sometimes       Rarely       Never

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## Physical Activity & Nutrition

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How often do you usually do at least 20 minutes of non-stop vigorous aerobic activity?

- 5 or more days a week     4 days a week     3 days a week     2 days a week     Once or less per week

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How often do you usually do at least 20 minutes of strength training exercise involving most of the major muscle groups?

- 5 or more days a week     4 days a week     3 days a week     2 days a week     Once or less per week

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How often do you usually eat high-fat foods? (e.g. fried foods; high-fat dairy products)

- At least once a day     3-5 days a week     less than 3 days a week     Rarely or never

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About how many servings of fruits and/or vegetables do you usually eat each day?

- 9 or more     7 or 8     5 to 6     3 to 4     Less than 3 servings per day

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## Personal Care

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How frequently do you floss your teeth?

- Daily                                       Most days                                       Sometimes  
 Rarely                                       Never     N/A

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How often do you brush your teeth with fluoride toothpaste?

- At least twice a day                       Once a day                                       Most days  
 Some days                                       Rarely or never                                       N/A

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How often do you get enough restful sleep to function well in your job and personal life?

- Always                                       Most of the time                                       Sometimes  
 Rarely     Never

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When was the last time you had a full eye exam?

- In the past 6 months                       In the past 12 months                       In the past 10 years  
 Over 10 years ago                               Never

## Personal Information

Providing the following information to receive credit for completion of the Health Risk Questionnaire.

First Name	Last Name	Gender	Age
Address	City	State	ZIP Code
Email	Phone		

Medical ID Number (Found on Anthem Card)

Thank you for taking the time to fill out the Health Risk Questionnaire. In order to receive credit the questionnaire must be filled out completely and faxed/emailed back to the office no later than December 31,2021. Forms can be emailed to: [wellness@ufcwbenefitplan.com](mailto:wellness@ufcwbenefitplan.com) or Faxed to: 937-665-0900