

Pathways to Wellness Participant Pre Survey- PHYSICAL ACTIVITY PROGRAMS

1. Participant Name (as shown on your insurance card): _____
2. Sex: ☐ Male ☐ Female 3. Date of Birth: ____/____/____ 4. PEIA ID("7700" or "H"): _____
5. Worksite Name: _____
6. Name of Program: _____
7. Which of the following best describes you? (Check one)
 - ☐ I don't exercise regularly now, and I have no plans to start.
 - ☐ I don't exercise regularly now, but I've been thinking about starting.
 - ☐ I have been exercising regularly fewer than four times a week.
 - ☐ I have been exercising regularly at least four days per week for less than six months.
 - ☐ I have been exercising regularly at least four days per week for six months or longer.
8. If you exercise, in a typical week, how many days do you exercise? (Check one)
 - ☐ I don't regularly exercise ☐ Once a week ☐ 2 to 4 days a week ☐ 5 to 7 days a week
9. If you engage in physical activity, how long do you typically exercise each session?
 - ☐ Less than 20 minutes per session ☐ 20 or more minutes per session ☐ N/A
10. Do you meet the recommended 150 minutes per week of physical activity? ☐ Yes ☐ No
11. How would you rate your overall health? Poor Good Very Good Excellent
12. Check all that apply with regards to your daily beverage consumption.
 - ☐ I drink soda and/or sweetened beverages (kool aid, sports drinks, sweet tea, fruit juice, etc.) as my primary source of hydration.
 - ☐ I drink water as my primary source of hydration and I drink less than 64 ounces (eight 8 oz. servings) per day.
 - ☐ I drink water as my primary source of hydration and I drink at least 64 ounces per day (eight 8 oz servings).
 - ☐ I drink sweetened beverages and water during the day.
 - ☐ I drink sugar-free (artificially sweetened) beverages and water during the day.
13. Do you have the following conditions? (Check "yes" even if taking medication that controls the issue)
 - ☐ Diabetes (fasting blood sugar of 120mg/dl or higher) ☐ High Blood Pressure (>120/180)
 - ☐ High Cholesterol (>200 total cholesterol) ☐ Arthritis/Joint pain ☐ N/A
14. Do you consider yourself to be under stress in your work and/or personal life? ☐ Yes ☐ No
15. PEIA Pathways to Wellness provides all members age 18 and over with 4 free lifestyle coaching sessions per plan year. If you are interested in being contacted by a lifestyle coach, please list a phone number or email that you check regularly in order for a coach to contact you:

I acknowledge that I must complete my PEIA number on this form in accordance with the guidelines of this program.

Signature: _____ Date: _____

Check with your doctor before starting any exercise program. Please return this completed form to your Health Promotion Consultant or Health Coach.