

Name: User Jansen

Date Completed: 2020-02-14

Overall Category Assessment

2
Need Attention

3
Need Some Work

2
On Track

Individual Category Assessment

CATEGORY	CURRENT YEAR	PREVIOUS YEAR
My Health Overview	32%	TBD
Stress and Emotional Health	37%	TBD
Physical Activity Habits	40%	TBD
Eating Habits	70%	TBD
My Workplace	71%	TBD
My Readiness To Change	53%	TBD
My Health Interests	0%	TBD



The following scores are based on response to individual questions. Higher scores are generally associated with a greater concern or risk to health.

MY HEALTH OVERVIEW		12
Age	30	
Gender	Male	
Do you have a primary care doctor?	No	3
Have you seen a doctor for a physical in the past year?	Yes	0
How do you perceive your overall health to be?	As good as most people I know	1
Do you currently smoke?	Yes	3
Do you currently ingest/use tobacco or marijuana products?	Never	0
Do you currently vape?	Never	0
How many alcoholic drinks per week do you generally consume?	1-4	1
Does your family medical history include any of the following? (Please mark all that apply)	Cholesterol Diabetes	2
How many hours of sleep do you generally get per night?	7-8 hours	0
Do you take either prescription or over-the-counter sleep aids?	No	0
If you are prescribed medications, do you take what is recommended?	Some of the time	2

STRESS AND EMOTIONAL HEALTH		29
When you feel stressed, what symptoms apply to you? (Please mark all that apply)	Irritability Anger Trouble sleeping	6
How would you rate your stress levels according to the following categories? (1=very low stress to 5=extreme stress)		
Family	2	1
Relationships	2	1
Finances	4	3
Health Issues	2	1
Work	3	2
Have you suffered from any of the following mental health issues in the past 6 months?	Neither	0
Have you ever suffered from any mental health conditions for which you sought help from a health professional?		
Your Doctor	Never	0
A Counsellor	Never	0
A Psychiatrist	Never	0
A Psychologist	Never	0
When you feel stressed, do you use any of the following substances to cope? (Please mark all that apply)	Food - overeat	2
Over the last 4 weeks, how have you felt? For each question, please answer what comes to mind first.		
Have you felt calm and peaceful?	Some of the time	2
Did you have a lot of energy?	Some of the time	2

Have you felt downhearted and blue?	Most of the time	3
Have you been a happy person?	Some of the time	2
Have you felt worthless, inadequate or unimportant?	Some of the time	2
Did you take time to relax and have fun?	Some of the time	2
Are you grateful for and appreciate what you have?	Some of the time	2

PHYSICAL ACTIVITY HABITS		4
How many days per week are you aerobically active for at least 20 to 30 minutes duration (walking, biking, hiking, aerobic dance, active sports, high-intensity exercise class)?	3-5 days per week	0
How many times per week do you do strength exercises (lifting weights, body resistance exercises)?	Three or more times a week	0
How many times per week do you do stretching exercises to improve your flexibility?	None	2
Do you participate in any mind/body style exercise (Yoga, Tai chi, Meditation)?	None	2

EATING HABITS		16
How often do you eat breakfast?	Seldom or never	3
What would you choose for snacks, most of the time?	Mostly chips, candy, chocolate, cookies	3
Which of the following do you eat the most?	White rice, white pasta, white bread, pastries	3
Do you bring your lunch to work?	No	2
Do you eat your lunch at your desk?	No	0
How many caffeinated beverages do you drink per day?	1-2	1
How many glasses/cans of pop do you consume on a weekly basis?	1-4	2
How many glasses of water (8oz) do you consume on a daily basis?	2-4	2

MY WORKPLACE		10
How satisfied are you with your job?	Not very satisfied	3
Does your mood affect your ability to stay focused at work and complete necessary tasks?	Sometimes	2
Do you feel bullying in the workplace is an issue?	No	
In your opinion, how would you rate morale at work?	Decent	
Do you feel your organization supports and encourages a healthy workplace?	No	

MY READINESS TO CHANGE		17
How ready are you to make some changes for the betterment of your health?		
Be physically active	I've been doing this regularly for the last 6 months	0
Drink alcohol in moderation if at all		
Handle stress differently	I plan to start right away (within the next month)	2
Live an overall healthy lifestyle	I'm planning a change within the next 6 months	3

Lose weight	I'm planning a change within the next 6 months	3
Practice good eating habits	I'm planning a change within the next 6 months	3
Quit smoking or vaping	I'm planning a change within the next 6 months	3
Manage my mental health	I'm planning a change within the next 6 months	3

MY HEALTH INTERESTS	
Please select any of the following health improvement opportunities that interest you!(Please mark all that apply)	<p style="text-align: right;">Weight Management Nutrition Family Wellness</p>

The EWSNetwork Personal Wellness Assessment (PWA) can provide important information highlighting areas for action or intervention to support one's health and well-being. This PWA can aid discussion with a your health coach and other health care professionals in order to identify appropriate expert recommendations for action and/or intervention.

Note: This PWA and self-report questionnaires do not offer substitute for professional consultation nor do they provide a standalone measure for self-diagnosis, self-evaluation or self-assessment.

Understanding Your Scorecard

CATEGORY	ON TRACK	NEEDS SOME WORK	NEEDS ATTENTION
My Health Overview	0 - 13	12 - 24	25 - 38
My Stress and Emotional Health	0 - 26	27 - 52	53 - 78
My Physical Activity Habits	0 - 3	4 - 6	7 - 11
My Eating Habits	0 - 8	9 - 15	16 - 23
My Workplace	0 - 2	3	4 - 5
My Readiness to Make Changes	0 - 11	12 - 22	23 - 32

Readiness for Change Score Interpretation

SCORE	SUMMARY
0	Does not apply(i have never done it, or already do so)
4	No present interest in making a change in the next 6 months
3	I'm planning a change within the next 6 months
2	Plan to start right away (within the next month)
1	I recently started doing this
0	I've been doing this regularly for the last 6 months

Readiness for change scores are subjective and based on individual personal assessment of readiness or willingness to make changes that may be necessary to improve one's score.