attentive *to* YOU™

personal health survey

ATTENTIVE HEALTH

INSTRUCTIONS

It is our pleasure to be attentive *to* YOU and to offer our professional services to help safeguard your most valuable asset: your health. Please take the next 15 minutes to answer the questions that follow honestly and thoughtfully. Your responses to this survey will help us provide a healthier and more supportive work environment for you and your fellow employees. By learning more about your needs & interests, we can better support you, your coworkers, and your family members. If you have any questions or concerns, please ask.

ABOUT THIS SURVEY

Attentive Health, LLC and your employer are conducting this health survey in order to attend to your personal wellbeing (both on and off the job) and support you and your family in a meaningful and personalized way. After reviewing your responses to the questions below, we will prepare a personal report for you and meet with you in person to discuss your results and answer any questions you have. Based on your particular health concerns and personal readiness, an Attentive Health coach can also help identify a few personalized action steps you can take to improve your health in the near future. If you do not wish to meet with a health coach, your report can be made available for confidential pickup.

Please note that the health information provided to you as a result of this survey is not medical advice, nor a diagnosis, and is for your own personal use. You should contact your personal health care provider for medical advice prior to engaging in any health-related program.

PRIVACY STATEMENT

The information collected and the results of your survey contain confidential medical information about you. Please rest assured that we understand the sensitive nature of this information and your privacy is of the utmost concern to us. Attentive Health's programs comply with all applicable privacy and security laws. We even go beyond what is required to ensure that your information is held in the strictest confidence. We consciously protect your information in the following ways:

- The survey and biometric screenings are done ANONYMOUSLY. Your name (or any other identifiable information) will not be recorded.
- Individual results are never shared with your employer, even anonymously.
- All of the information that we receive is stored using state-of-the-art secure technology to ensure security and confidentiality.

Once per year, we will combine the information collected from all participating employees at your company and create a confidential overall group health report for your employer. For example, this report might contain the number of employees who currently use tobacco, but it will not contain any information that would identify who uses tobacco. We provide these reports so that we, along with your employer, can develop future programs that can help employees and their families maintain and improve their health.

By completing this survey, you acknowledge receiving and accepting our policies above.

MY PERSONAL PROFILE

Personal Code *(please provide a 4-6 digit number you'll remember)*			
Company Name	**Lannett**	Location	**Carmel, NY**
Gender	☐ Male ☐ Female	Current Age	☐☐ years old
Height *(without shoes)*	☐ feet ☐☐ inches	Weight *(without shoes)*	☐☐☐ pounds
What was your blood pressure when it was last checked?		☐ Normal ☐ Borderline ☐ High ☐ Unknown	
How was your cholesterol when it was last checked?		☐ Normal ☐ Borderline ☐ High ☐ Unknown	
What was your blood sugar level when it was last checked?		☐ Normal ☐ Borderline ☐ High ☐ Unknown	

MY HEALTH CONCERNS

In general, on a scale from 1 to 10 (10 ="Excellent"), how would you rate your overall health?									
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9	☐ 10

How many kinds of drugs did you take in the past week? *(including prescription and over-the-counter medications, but NOT including vitamins)*	☐☐ kinds of drugs			
How many times over the past year have you:	**0**	**1-2**	**3-5**	**6+**
Visited a health care provider? *(not including prenatal visits)*				
Gone to the emergency room?				
Stayed overnight in the hospital? *(not including childbirth)*				

Compared to one year ago, how would you rate your health now?	☐ Much better ☐ Somewhat better ☐ Same ☐ Worse

Please mark any health conditions you currently have:

☐	Allergies or Asthma	☐	Diabetes
☐	Arthritis	☐	Depression
☐	Cancer (of any kind)	☐	Heartburn or acid reflux
☐	Chronic back or neck pain	☐	Constipation/Diarrhea or IBS
☐	Chronic bronchitis/emphysema	☐	Other digestion-related problems
☐	Chronic lung disease (COPD)	☐	Intimacy-related problems
☐	Chronic pain	☐	Migraine headaches
☐	Chronic sinus problem	☐	Osteoporosis
☐	Coronary heart disease/angina	☐	Sleep-related problems
☐	Other heart problems	☐	Stroke
☐	High blood pressure	☐	Thyroid disease
☐	High cholesterol	☐	Other condition:

WOMEN ONLY

At what age did you have your first menstrual cycle?	☐ 11 or under	☐ 12-13 years old	☐ 14 or older
Do you experience painful or irregular periods?	☐ Yes	☐ No	☐ N/A
Have you given birth to a child weighing more than 9 lbs?	☐ Yes	☐ No	☐ No children
Do you take any form of birth control medication? *(pill, patch, ring, injections)*	☐ Yes	☐ No	

OFFICE USE ONLY

HEIGHT		WEIGHT		WAIST CIRCUMF	
BODY FAT %		BL. PRESSURE		GLUCOSE	
BMI		HDL		TRIGLICERIDES	

MY HEALTH HABITS

nutrition

What types of food do you typically eat for:

breakfast	*lunch*	*dinner*	*snacks*	*liquids*

How many servings of fruits do you eat daily?
(1 serving = a half cup of chopped, cooked or canned fruit, or one medium sized piece of fruit) ☐ servings

How many servings of vegetables do you eat daily?
(1 serving = a half cup chopped, cooked or canned vegetables, or a small bowl of salad greens) ☐ servings

How many servings of meat, pork, chicken, or fish do you eat daily?
(1 serving = approximately the size of a deck of cards) ☐ servings

How many servings of milk, cheese, or ice cream do you eat daily?
(1 serving = 1 cup of milk, 1 slice (1 ounce) of cheese, ½ cup cottage cheese, ½ cup of ice cream) ☐ servings

How many servings of sweets do you eat daily?
(1 serving = 8 oz. soft drink, 1 oz. candy, 1 small piece of cake or pie, 2 Tbsp syrup or jelly, 3-4 Tbsp sugar) ☐ servings

How many servings **per week** do you usually eat whole grain cereal, oatmeal, brown rice, or whole wheat bread/rolls? *(1 serving = 1 slice bread, ½ cup oatmeal, rice, or cereal)* ☐ servings

How many times per week do you eat out *(restaurants, fast food, salad bars, etc.)* ☐☐ times

How many drinks of alcoholic beverages do you have in a typical week?
(1 alcoholic beverage = a 12 oz beer, a 5 oz glass of wine, a 1.5 oz shot of liquor, 1 small mixed drink) ☐☐ drinks

How many cups of caffeinated beverages do you drink per day?
(1 cup = 8 ounces of coffee, soda, or black/green/white tea) ☐☐ cups

How much water do you drink daily?
(a typical bottle of water contains approximately 16 ounces)
☐ 0-16 oz. *(< 1 bottle)* ☐ 17-32 oz. *(1-2 bottles)* ☐ 33-64 oz. *(3-4 bottles)* ☐ 65+ oz. *(4+ bottles)*

In general, on a scale from 1 to 10 (10 ="Excellent"), how satisfied are you with your eating habits?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

fitness

EXERCISE

How many days a week do you do at least 30 minutes of activity, without stopping, in which you breathe heavier and your heart beats faster?
☐ 6-7 days ☐ 3-5 days ☐ 1-2 days ☐ Rarely or never

How many days each week do you do strength-building exercises for 15-30+ minutes? *(weight lifting, pushups, crunches, yoga, Pilates)*
☐ 3+ days ☐ 2 days ☐ 1 day ☐ 0 days

How many days each week do you do stretching exercises?
(yoga, Pilates, post-workout stretching)
☐ 3+ days ☐ 2 days ☐ 1 day ☐ 0 days

How do you feel about exercising?
☐ I enjoy exercising very much ☐ I somewhat enjoy exercising ☐ I have mixed feelings about it ☐ I find exercise difficult to enjoy

On a scale of 1-10 (10 ="Totally satisfied"), how satisfied are you with the amount of exercise you perform?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

SLEEP

During the past week, how many days did you get enough sleep so that you awoke feeling rested and refreshed?	☐ 6-7 days ☐ 2-3 days	☐ 4-5 days ☐ 0-1 days

TOBACCO

How would you describe your smoking and/or other tobacco habits? *(including pipes & cigars)*	☐ Never used tobacco ☐ Currently smoke	☐ Used to use tobacco ☐ Currently use smokeless tobacco

wellbeing

In general, on a scale from 1 to 10 (10 = "Totally satisfied"), how satisfied are you with your life?									
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9	☐ 10

How much energy do you have on a typical day?	☐ High energy ☐ Adequate energy ☐ Often tired
How often do you feel tense, anxious, or irritable at work?	☐ Almost every day ☐ Sometimes ☐ Rarely or never
How often do you feel tense, anxious, or irritable at home?	☐ Almost every day ☐ Sometimes ☐ Rarely or never
How often do you use drugs or medication (including prescriptions) which affect your mood or help you to relax?	☐ Almost every day ☐ Sometimes ☐ Rarely or never

Major life events are stressful, especially if they build up over a short period of time – even when they are positive. To get a sense of your personal level of significant stress factors, please check off which of the following you have experienced in the past year:

	Death of a spouse		Divorce or breakup of a significant relationship
	Marital separation		Imprisonment
	Death of a close family member		Personal injury or illness
	Marriage		Dismissal from work
	Marital reconciliation		Retirement
	Change in health of a family member		Pregnancy
	Sexual difficulties		Gain a new family member
	Business readjustment		Change in financial state
	Change in frequency of arguments		Major mortgage
	Foreclosure of mortgage or loan		Change in responsibilities at work
	Child leaving home		Trouble with in-laws
	Outstanding personal achievement		Spouse started or stopped work
	Began or ended school		Change in living conditions
	Revision of personal habits		Trouble with boss
	Change in working hours or conditions		Change in residence
	Change in schools		Change in recreation
	Change in religious activities		Minor mortgage or loan
	Change in sleeping habits		Change in number of family reunions
	Change in eating habits		Vacation
	Christmas/holiday season		Minor violation of law

relationships

What is your current relationship status?	☐ Single/Never Married ☐ Separated ☐ Divorced					☐ Married ☐ Domestic Partnership ☐ Widowed				
In general, on a scale from 1 to 10 (10 ="Totally satisfied"), how satisfied are you with your:										
Relationship status *(i.e. being single, married, etc.)*	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9	☐ 10
Quality of your relationships	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9	☐ 10
Social life	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9	☐ 10
Home environment	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9	☐ 10
Do you have any children?	☐ Yes ☐ No									
Do you have any grandchildren?	☐ Yes ☐ No									
Do you have a best friend at work?	☐ Yes ☐ No									
Do you have a best friend outside of work?	☐ Yes ☐ No									
Over the past year, how often have you felt that you are receiving good support from friends and family?	☐ Rarely ☐ Sometimes ☐ Most of the time ☐ Almost Always									

career & finance

In general, on a scale from 1 to 10 (10 ="Totally satisfied"), how satisfied are you with your:										
Career	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9	☐ 10
Current job	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9	☐ 10
Level of education	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9	☐ 10
Creativity	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9	☐ 10
Personal finances	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9	☐ 10
Over the past month, how would you describe your ability to focus and think clearly?	☐ Excellent ☐ Good ☐ Fair ☐ Poor									
Over the past year, how often have you felt that interesting and challenging situations fill your life?	☐ Rarely ☐ Sometimes ☐ Most of the time ☐ Almost Always									
In the past year, how many days have you missed of work due to personal illness or injury?	☐☐☐ days									
How much stress do you feel over finances?	☐ Little or none ☐ Moderate ☐ Severe									
As of today, are you on track to have adequate financial resources to retire at age 65?	☐ Yes ☐ No ☐ Don't know									

MY HEALTH INTERESTS

What are some of the things that you want to have more of in your life: (please check all that apply)

☐	Confidence	☐	Leisure time
☐	Creativity	☐	Recreation / sports
☐	Energy	☐	Social life
☐	Focus	☐	Supportive relationships
☐	Fun	☐	Time with family
☐	Intimacy	☐	Other: *(please describe)*
☐	Joy & laughter	☐	Other: *(please describe)*

Which of the following topics are you interested in?

☐	Living an overall healthy lifestyle	☐	Disease management *(i.e. diabetes, cholesterol)*
☐	Nutrition/healthy eating	☐	Stress reduction & managing emotions
☐	Weight management	☐	Changing my thinking to be less worried or depressed
☐	Enjoyable physical activity	☐	Better relationships at work and at home
☐	Improving sleep	☐	Having more energy and/or feeling less "stuck"
☐	Reducing cancer risk	☐	Financial wellness *(i.e. budgeting, debt elimination)*
☐	Hormone health	☐	Professional development *(i.e. leadership, time mgmt)*
☐	Smoking cessation	☐	Personal growth *(i.e. confidence, sense of purpose,)*

In closing, please indicate your general feelings about changing your health habits at the present time, bearing in mind that true health is not just diet & exercise, but also includes things like meaningful relationships, coping with stress, and achieving stable financial wellness…

- ☐ I'm not really interested in making any personal changes right now
- ☐ I've been thinking about making changes & looking for the right opportunity
- ☐ I'm ready to make changes in the immediate future
- ☐ I recently made changes and could use help maintaining them
- ☐ I've been making optimal health choices for 12 months or more

THANK YOU FOR YOUR TIME TODAY!

Be sure to turn in this survey to Attentive Health **as soon as possible.** If you are not able to return this to us at an onsite meeting, you can send it to us via mail, email or fax:

Attentive Health, LLC
P.O. Box 61
Telford, PA 18969
FAX: 215-734-2333
EMAIL: lannett@attentivehealth.com

When you have completed your survey, remember to follow-up with a Goal Setting meeting with your Attentive Health coach to receive your results and meet your wellness credit requirements. To schedule your 20-minute Goal Setting meeting, visit **attentivehealth.com/Lannett** or contact us at 877.269.9754. If you have any questions, please call Attentive Health or send us an email at lannett@attentivehealth.com.

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