

HEALTHY WORKSITE • HEALTHY WORKFORCE • HEALTHY COMMUNITY

National Healthy worksite™

CDC Employee Health Assessment (CAPTURE™)

National Center for Chronic Disease Prevention and Health Promotion
Division of Population Health

CDC National Healthy Worksite Program (NHWP) Employee Health Assessment (CAPTURE™)

Introduction
This survey asks about your current health status, health behaviors, readiness to change your health behaviors, your needs and interests related to worksite health and safety, and questions about how your health may impact your work.

NOTE: Below is informed consent language and survey instructions that you can adapt for use in your own workplace health programs. This information is intended to be a reference and offers suggested wording similar to that found in CDC consent forms included those in the National Healthy Worksite Program.

Informed Consent
Before you get started, we need to give you some more information to help you decide whether or not you would like to participate.

- Your participation in this survey is voluntary. In the course of this survey, you may refuse to answer specific questions. You may also choose to end the survey at any time.
- The survey is designed to take about 30 minutes.
- There are no right or wrong answers or ideas—we want to hear about YOUR experiences and opinions.
- All of the comments you provide will be maintained in a secure manner. We will not disclose your responses or anything about you unless we are compelled by law. Your responses will be combined with other information we receive and reported in the aggregate as feedback from the group.
- Your name will not be linked to any responses you provide in this survey.
- There are no personal risks or personal benefits to you for participating in this survey.

When you have completed this survey, please seal it in the envelope provided, and place it in one of the collection boxes located throughout your work site by [INSERT DATE], or give it to [INSERT WORKSITE PROGRAM MANAGER].

If you have any questions, please feel free to contact [INSERT WORKSITE PROGRAM MANAGER]. [HIS/HER] number is [INSERT TEL #].

The Employee Health Assessment (CAPTURE) tool has modified Question #43 from the Brown University Rapid Eating and Activity Assessment for Patients (REAP) tool and received permission to use it in the CDC National Healthy Worksite Program (NHWP).

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Instructions

To make sure that health-related information and programs are tailored to your health concerns, we are asking each employee to fill out this survey. **DO NOT** write your name on this survey. **Please write in black or blue ink only. Thank you for your participation.**

Participant Identification

Do Not Write Here.

Health Status

1	Would you say that in general your health is? (Source: BRFSS)	☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor ☐ Don't know/not sure
2	Have you ever been told by a doctor, nurse or other health professional that you have any of the following disorders (check all that apply):	☐ Heart disease (heart attack, angina, bypass) ☐ Atrial fibrillation or flutter ☐ Congestive heart failure ☐ Heart valve disease or murmur ☐ Other vascular disease (PAD, PVD, aneurysm) ☐ High blood pressure ☐ Borderline hypertension or pre-hypertension ☐ High blood cholesterol ☐ Diabetes ☐ Elevated blood sugar, borderline diabetes, gestational diabetes or pre-diabetes ☐ Chronic obstructive pulmonary disease (COPD), emphysema or chronic bronchitis ☐ Asthma ☐ Arthritis, rheumatoid arthritis, gout, lupus or fibromyalgia ☐ Carpal tunnel syndrome ☐ Chronic or recurrent low back pain ☐ A depressive disorder (including depression, major depression, dysthymia or minor depression)

Health Status

3	Are you currently taking medicine for any of the following conditions?	☐ High blood pressure ☐ Asthma ☐ High blood cholesterol ☐ Arthritis ☐ Diabetes ☐ Low back pain
4	Do you take aspirin daily? (Source: BRFSS)	☐ Yes ☐ No
5	In the past three months, have you had muscle, skeletal or joint pain, achiness or stiffness in any of the following areas every day for a week or more?	☐ Neck or shoulders ☐ Low back ☐ Elbow, wrist or hand ☐ Hip, knee, ankle or foot
6	If yes to question 11, how often does this pain, aching or stiffness affect you or your activities?	☐ Rarely ☐ Monthly ☐ Weekly ☐ Daily ☐ Never
Question 7 is for women only. ***Men skip to question 8.***		
7	Are you pregnant or considering becoming pregnant within the next year? (women only)	☐ Yes ☐ No ☐ Don't know/not sure

Preventive Services

8	About how long has it been since you last visited a doctor for a routine checkup? (A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition).	☐ Within past year (less than 12 months ago) ☐ Within past 2 years (1 year but less than 2 years ago) ☐ Within past 5 years (2 years but less than 5 years ago) ☐ 5 or more years ago ☐ Don't know/not sure ☐ Never

The next set of questions asks about preventive services you may have received and when you had them last.

9	Blood pressure check	☐ Within past year (anytime less than 12 months ago) ☐ More than 12 months ago ☐ Don't know/not sure ☐ Never
10	Cholesterol test	☐ Within past year (less than 12 months ago) ☐ Within past 2 years (1 year but less than 2 years ago) ☐ Within past 5 years (2 years but less than 5 years ago) ☐ 5 or more years ago ☐ Don't know/not sure ☐ Never
11	Have you had a test for high blood sugar or diabetes within the past three years?	☐ Yes ☐ No ☐ Don't know/not sure
12	Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams? (Source: BRFSS)	☐ Yes ☐ No **[Skip to Question #15]** ☐ Don't know/not sure
13	For a **SIGMOIDOSCOPY**, a flexible tube is inserted into the rectum to look for problems. A **COLONOSCOPY** is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a **sigmoidoscopy** or a **colonoscopy**? (Source: BRFSS)	☐ Sigmoidoscopy ☐ Colonoscopy ☐ Don't know/not sure

14	How long has it been since you had your last sigmoidoscopy or colonoscopy? (Source: BRFSS)	☐ Within past year (anytime less than 12 months ago) ☐ Within past 2 years (1 year but less than 2 years ago) ☐ Within past 3 years (2 years but less than 5 years ago) ☐ Within past 5 years (3 years but less than 5 years ago) ☐ Within past 10 years (5 years but less than 10 years ago) ☐ 10 or more years ago ☐ Don't know/not sure
15	During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose? (Source: BRFSS)	☐ Yes ☐ No ☐ Don't know/not sure
Questions 16 – 19 are for women only. Men skip to question 20.		
16	A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (Source: BRFSS)	☐ Yes ☐ No **[Skip to Question #18]** ☐ Don't know/not sure **[Skip to Question #18]**
17	How long has it been since you had your last mammogram? (Source: BRFSS)	☐ Within past year (anytime less than 12 months ago) ☐ Within past 2 years (1 year but less than 2 years ago) ☐ Within past 3 years (2 years but less than 5 years ago) ☐ Within past 5 years (3 years but less than 5 years ago) ☐ 5 or more years ago ☐ Don't know/not sure ☐ Never
18	A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (Source: BRFSS)	☐ Yes ☐ No **[Skip to Question #20]** ☐ Don't know/not sure **[Skip to Question #20]**

19	How long has it been since you had your last Pap test? (Source: BRFSS)	☐ Within past year (less than 12 months ago) ☐ Within past 2 years (1 year but less than 2 years ago) ☐ Within past 3 years (2 years but less than 5 years ago) ☐ Within past 5 years (3 years but less than 5 years ago) ☐ 5 or more years ago ☐ Don't know/not sure

Lifestyle

20	Have you smoked at least 100 cigarettes in your entire life? (Source: BRFSS)	☐ Yes ☐ No **[Skip to Question #24]** ☐ Don't know/not sure
21	Do you now smoke cigarettes every day, some days or not at all? (Source: BRFSS)	☐ Every day ☐ Some days ☐ Not at all **[Skip to Question #23]**
22	During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (Source: BRFSS)	☐ Yes **[Skip to Question #24]** ☐ No **[Skip to Question #24]** ☐ Don't know/not sure **[Skip to Question #24]**
23	How long has it been since you last smoked a cigarette, even one or two puffs? (Source: BRFSS)	☐ Within the past month (less than 1 month ago) ☐ Within the past 3 months (1 month but less than three months ago) ☐ Within the past 6 months (3 months but less than 6 months ago) ☐ Within past year (6 months but less than 1 year ago) ☐ Within past 5 years (1 year but less than 5 years ago) ☐ Within past 10 years (5 years but less than 10 years ago) ☐ 10 years or more ☐ Don't know/not sure
24	Do you currently use chewing tobacco, snuff, or snus every day, some days or not at all? Snus (rhymes with 'goose') (Source: BRFSS)	☐ Every day ☐ Some days ☐ Not at all
25	During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening or walking for exercise? (Source: BRFSS)	☐ Yes ☐ No **[Skip to Question #32]** ☐ Don't know/not sure **[Skip to Question #32]**

Consider what type of physical activity or exercise you spent the most time doing during the past month. (See Appendix A on page 15 for examples.)		
26	How many times did you take part in this activity during the past month? (Source: BRFSS)	_____times ☐ Don't know/not sure
27	And when you took part in this activity, for how many minutes did you usually keep at it? (Source: BRFSS)	_____minutes ☐ Don't know/not sure
28	When you took part in these activities, how intense was your exercise session? (Source: BRFSS)	☐ Low (can sing a song) ☐ Moderate (can carry on a conversation) ☐ High (can only say short sentences) ☐ Very high (winded/single words only)
Now consider what other type of physical activity gave you the NEXT MOST exercise during the past month. (Skip to question 32 if no additional physical activity).		
29	How many times did you take part in this activity during the past month? (Source: BRFSS)	_____times ☐ Don't know/not sure
30	And when you took part in this activity, for how many minutes did you usually keep at it? (Source: BRFSS)	_____minutes ☐ Don't know/not sure
31	When you took part in these activities, how intense was your exercise session? (Source: BRFSS)	☐ Low (can sing a song) ☐ Moderate (can carry on a conversation) ☐ High (can only say short sentences) ☐ Very high (winded/single words only)
32	How often do you use seats belts when you drive or ride in a car? Would you say…? (Source: BRFSS)	☐ Always ☐ Nearly always ☐ Sometimes ☐ Seldom ☐ Never ☐ Don't know/not sure
33	During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? (Source: BRFSS)	_____days per week **or** _____days in past 30 days ☐ No drinks in past 30 days ☐ Don't know/not sure

34	One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine or a drink with one shot of liquor. During the past 30 days, about how many drinks did you drink on average? NOTE: a 40-ounce beer would count as three drinks, or a cocktail with two shots would count as two drinks. (Source: BRFSS)	_____drinks ☐ Don't know/not sure
35	Considering all types of alcoholic beverages, how many times during the past 30 days did you have five (men) or four (women) or more drinks on an occasion? (Source: BRFSS)	_____times ☐ None ☐ Don't know/not sure
36	During the past 30 days, what is the largest number of drinks you had on any occasion? (Source: BRFSS)	_____drink(s) ☐ Don't know/not sure
37	During the past 30 days, how many times per week did you eat fried foods? (Fried chicken or fish, hash browns, french fries, etc.) (Source: REAP. Copyright 2005, Institute for Community Health Promotion, Brown University, Providence, RI. All rights reserved)	_____times per week ☐ Don't know/nnot sure
38	During the past 30 days, not counting juice, how many times per week did you eat fruit? Count fresh, frozen or canned fruit. (Source: BRFSS)	_____times per week ☐ Don't know/not sure
39	During the past 30 days, how many times per week did you eat vegetables not including lettuce salads, potatoes, cooked dried bean (Include any form of the vegetable – raw, cooked, canned, or frozen)? EXAMPLES include tomatoes, green beans, carrots, corn, cabbage, bean sprouts, collard greens and broccoli. (Source: NHANES)	_____times per week ☐ Don't know/not sure
40	During the past 30 days, how many times per week did you eat whole grain foods (whole-wheat grains or pasta, oatmeal)? (Source: NHANES)	_____per week ☐ Don't know/not sure
41	During the past 30 days, how many times per week did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop. (Source: BRFSS)	_____per week ☐ Don't know/not sure

Mental Well-being

42	Over the last two weeks, how many days have you had trouble falling asleep OR staying asleep OR sleeping too much? (Source: BRFSS)	☐ _____of days (0-14 days) ☐ None ☐ Don't know/not sure
43	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 ☐ Don't know/not sure
44	How often do you experience stress at WORK that exceeds your ability to cope?	☐ Always ☐ Most of the time ☐ Sometimes ☐ Rarely ☐ Never ☐ Don't know/not sure
45	How often do you experience stress at HOME that exceeds your ability to cope?	☐ Always ☐ Most of the time ☐ Sometimes ☐ Rarely ☐ Never ☐ Don't know/not sure
46	How often do you get the emotional and social support you need? (Source: BRFSS)	☐ Always ☐ Most of the time ☐ Sometimes ☐ Rarely ☐ Never ☐ Don't know/not sure
47	Over the last two weeks, how many days have you felt down, depressed or hopeless? (Source: BRFSS)	_____of days (0-14 days) ☐ None ☐ Don't know/not sure
48	Over the last two weeks, how many days have you had little interest or pleasure in doing things? (Source: BRFSS)	_____of days (0-14 days) ☐ None ☐ Don't know/not sure
49	Do you ever think of hurting yourself?	☐ Yes ☐ No ☐ Don't know/not sure
50	Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?	_____ of days (0-30 days)

51	Now thinking about your mental health, which includes stress, depression and problems with emotions, for how many days during the past 30 days was your mental health not good? (Source: BRFSS)	_____ of days (0-30 days)
52	During the past 30 days, for about how many days did your poor physical or mental health keep you from doing your usual activities such as self-care, work, or recreation? (Source: BRFSS)	_____ of days (0-30 days)

Which of the following best describes you regarding each of these activities? (For each question check the option that best applies to you.)

		I am satisfied with the way I am now and have no desire to change	I have considered making healthier choices	I have seriously considered making healthier choices and I am ready to make a change	I have started making healthier choices	I have already made changes for a healthier lifestyle and I am trying to maintain them	Not sure/ Don't know
53	Healthy Eating	☐	☐	☐	☐	☐	☐
54	Weight Loss	☐	☐	☐	☐	☐	☐
55	Physical activity	☐	☐	☐	☐	☐	☐
56	Tobacco Use	☐	☐	☐	☐	☐	☐
57	Stress Reduction	☐	☐	☐	☐	☐	☐
58	Sleep	☐	☐	☐	☐	☐	☐
59	Alcohol Use	☐	☐	☐	☐	☐	☐

Wellness Opportunities

Which of the following health topics would you like information on, if available? (Check "yes" or "no" for all that apply.)

		Yes	No
60	Nutrition/healthy eating	☐	☐
61	Weight management	☐	☐
62	Onsite fitness/physical activity opportunities	☐	☐
63	Walking group	☐	☐
64	Cholesterol reduction	☐	☐
65	Blood pressure reduction	☐	☐
66	Diabetes awareness and management	☐	☐
67	Men's health issues	☐	☐
68	Reducing risk of heart disease or stroke	☐	☐
69	Pre-pregnancy planning	☐	☐
70	Women's health issues	☐	☐
71	Back/neck pain management	☐	☐
72	Anxiety/depression awareness and management	☐	☐
73	How to quit tobacco	☐	☐
74	Managing stress	☐	☐
75	Medical self-care	☐	☐
76	Ergonomics (work station or computer set-up, proper lifting, etc.)	☐	☐
77	Personal financial management	☐	☐
78	Allergy and asthma management	☐	☐
79	Safe sex	☐	☐
80	We will offer 10-15 minute individual health coaching sessions on a variety of wellness topics. If you attended, when would it be best for you?	☐ Immediately before my workday begins ☐ During my break(s) ☐ Immediately after my workday ends ☐ During my workday	
81	How much time during your workday are you able to dedicate to worksite wellness activities?	☐ Less than 10 minutes ☐ 10-20 minutes ☐ 21-30 minutes ☐ 31-40 minutes ☐ 41-50 minutes ☐ 51-60 minutes ☐ Don't know/not sure	

Work-related Health History

To what extent do you agree with the following statements?		
82	After work I have enough energy for leisure activities.	☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree
83	More and more often, I talk about my work in a negative way.	☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree
84	At work, I often feel emotionally drained.	☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree
85	In the past 30 days, I had a hard time doing my work beacuse of my health.	☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree
86	In the past 30 days, my health kept me from concentrating on my work.	☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree
In the following questions, consider how much work you have missed because of health problems and how many times you've been injured on the job.		
87	In the past 30 days, how many times did you miss part or all of a workday for any reason?	_____times
88	In the past 30 days, how many times did you miss a half day of work because of problems with your physical or mental health?	_____times
89	In the past 30 days, how many times did you miss a full day of work because of problems with your physical or mental health?	_____times
90	In the past 12 months, how many times have you been injured on the job?	_____times

References

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3. Gans KM, Ross E, Barner CW, Wylie-Rosett J, McMurray J, Eaton C. REAP and WAVE: new tools to rapidly assess/discuss nutrition with patients. J Nutr. 2003 Feb;133(2):556S-62S. Review. PubMed PMID: 12566502.

Appendix A

Activity List for Common Leisure Activities (To be used for Physical Activity Questions as supplemental handout or FAQ sheet)

1. Active gaming devices (Wii Fit, Dance Dance revolution)
2. Aerobics video or class
3. Backpacking
4. Badminton
5. Basketball
6. Bicycling machine exercise
7. Bicycling
8. Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)
9. Bowling
10. Boxing
11. Calisthenics
12. Canoeing/rowing in competition
13. Carpentry
14. Dancing: ballet, ballroom, Latin, hip hop, etc.
15. Elliptical/EFX machine exercise
16. Frisbee
17. Gardening (spading, weeding, digging, filling)
18. Golf (with motorized cart)
19. Golf (without motorized cart)
20. Handball
21. Hiking – cross-country
22. Hockey
23. Horseback riding
24. Inline Skating
25. Jogging
26. Lacrosse
27. Mountain climbing
28. Mowing the lawn
29. Paddleball
30. Painting/papering house
31. Pilates
32. Racquetball
33. Raking the lawn
34. Running
35. Rock Climbing
36. Rope skipping
37. Rowing machine exercise
38. Rugby
39. Scuba diving
40. Skateboarding
41. Skating – ice or roller
42. Sledding, tobogganing
43. Snorkeling
44. Snow blowing
45. Snow shoveling by hand
46. Snow skiing
47. Snowshoeing
48. Soccer
49. Softball/Baseball
50. Squash
51. Stair climbing/Stair master
52. Surfing
53. Swimming
54. Swimming in laps
55. Table tennis
56. Tai Chi
57. Tennis
58. Touch football
59. Volleyball
60. Walking
61. Waterskiing
62. Weight lifting
63. Wrestling

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