Hennepin County Medical Center

Wellness Questionnaire

Check the boxes that are true for you:

Be Active	Eat Healthy	Manage Stress	Be Tobacco Free
☐ I take a walk ____ minutes, ____ times a week. ☐ I do yard or house work, or work at a job that makes me sweat____ times a week. ☐ I play a sport, do an exercise program or activity I enjoy ____times a week. ☐ I watch TV, videos, or spend time on the computer ____ hours a day. ☐ Other:	☐ I eat ____ servings of fruits and vegetables every day. ☐ I eat ___ servings of lean protein like chicken, turkey, fish, or beans every day. ☐ I eat fast food meals or snacks ____ times per day ☐ I drink sugary drinks (pop, juice) ____ times per day. ☐ I eat when I am not hungry out of habit or for emotional reasons ____ times per day. ☐ Other:	☐ My physical or emotional health kept me from doing my usual activity ____ days in the past month. ☐ Feelings of stress, sadness, or anxiety affected my ability to enjoy and manage my life ____ days in the past month. ☐ I participated in a spiritual or cultural activity that gave me emotional strength ____ times in the past month. ☐ Other:	☐ I do not smoke. ☐ I smoke ____ cigarettes a day. ☐ I live or work in a place where others smoke cigars, cigarettes, or a pipe. ☐ I am trying to quit. ☐ I am trying to cut down. ☐ I worry about gaining weight if I quit or cut down. ☐ I have tried to quit before. ☐ Other:

Minnesota's Vision — A Better State of Health — Statewide Health Improvement Program | SHIP

Hennepin

The Statewide Health Improvement Program (SHIP), an integral part of Minnesota's nation-leading 2008 health reform law, strives to help Minnesotans lead longer, healthier lives by preventing the chronic disease risk factors of tobacco use and exposure, poor nutrition and physical inactivity. For more information, visit www.health.state.mn.us/healthreform/ship.

Hennepin County Medical Center

Wellness Action Plan

Small Steps Make a BIG Difference!

Check **ONE** new thing to do differently.			
Be Active	☐ Walk ____ minutes ____ days/week. ☐ Get up and move for 10 minutes ____ times a day, ____ days/week. ☐ Do more of what you love like dancing, hiking, sports, or skating ____ times a day, ____ days/week.	☐ Use the stairs, and add more steps to and from the car, store, school, or work. ☐ Limit screen time (TV, computers). ☐ Move when watching TV or a movie. Walk in place, dance, stretch, jump rope. ☐ Other:	**My BMI**: _____ **My weight**: _____ **My goal**: _____ ☐ Weight *loss* ☐ Weight *maintenance*
Eat Healthy	☐ Eat a healthy breakfast every day. ☐ Eat frequent, small meals. ☐ Cut down or stop sugary drinks. ☐ Drink water: ____ glasses/day.	☐ Eat more fruits and vegetables. ☐ Eat low-fat milk, cheese, yogurt. ☐ Eat out less: ____ times/week. ☐ Other:	**What/who can help you do this?**
Manage Stress	☐ Limit junk food, alcohol, tobacco. ☐ Sleep 7–9 hours every day. ☐ Relaxation response: Take deep breaths, meditate, pray.	☐ Stay in touch with friends and family. ☐ Take time every day for myself—read, walk, listen to music, or stretch. ☐ Other:	**What might stop you from doing this?**
Be Tobacco Free	☐ Avoid places and situations that make me feel like smoking. ☐ Cut down to ____ smokes per day. ☐ Set a quit date.	☐ Get help from my doctor or quit plan. ☐ Try nicotine replacement to reduce my cravings. ☐ Other:	**When will you follow up?** ☐ In two weeks by phone ☐ In one month at the clinic ☐ In three months at the clinic