Well-being Assessment Report for:
John and Jane Archer 2009

Section 05/31/2009

1. Life Satisfaction: 60%
2. Energy: 66.25%
3. Exercise: 35%
4. Nutrition: 34%
5. Weight: 40%
6. Mental & Emotional Fitness: 66%
7. Health: 76%

9. Overall Well-Being Score: 54%

You rated the importance of the seven areas of well-being:
1 - Not important at all
5 - About as important as most of the other things I would like to achieve now
10 - Most important thing in my life now
1. Life Satisfaction: 10
2. Energy: 8
3. Mental & Emotional Fitness: 9
4. Exercise: 7
5. Nutrition: 9
6. Weight: 7
7. Health: 5

You rated your confidence in the seven areas of well-being:
1 - 10 with 10 being highest confidence
1. Life Satisfaction: 6
2. Energy: 6
3. Mental & Emotional Fitness: 9
4. Exercise: 6
5. Nutrition: 7
6. Weight: 7
7. Health: 8

You rated your readiness to make changes in the seven areas of well-being:
1. Life Satisfaction: 3: I am planning a change to start this month
2. Energy: 3: I am planning a change to start this month
3. Mental & Emotional Fitness: 3: I am planning a change to start this month
4. Exercise: 2: I recently started working on this
5. Nutrition: 3: I am planning a change to start this month
6. Weight: 3: I am planning a change to start this month
7. Health: 3: I am planning a change to start this month

Your priorities for your work with a wellness coach are:

1. Improve well-being (health and happiness)
2. Increase physical activity
3. Manage stress better or reduce stress
4. Improve work/life balance
5. Lose weight
6. Improve eating habits
7. Improve energy
8. Improve job satisfaction
9. Improve sleep

Life Satisfaction - 60%

Sense of purpose – I feel a strong sense of purpose in life: Rarely
Joy – I feel a deep satisfaction or joy in my life: Sometimes
Job satisfaction – Indicate level of satisfaction: Not very satisfied
Gratitude – I feel grateful and appreciative for what I have: Frequently
Personal Relationship Satisfaction – Indicate level of satisfaction: Very satisfied

Energy - 67.5%

In a typical work-day circle what percentage of the time are you at (all three add up to 100%) various levels of energy (physical and mental vigor or vitality):

- Best energy: 30
- Average energy: 50
- Low energy: 20

When you are not working what percentage of the time are you at (all three add up to 100%):

- Best energy 50
- Average energy 40
- Low energy 10

Energy boosters – Select the top three things that boost your energy:

d. Stress management, relaxation, or fun activities
e. Healthy mindset
f. Healthy family and personal relationships

Energy drains – Select the top three things that are draining your energy:

b. Too little exercise
c. Unhealthy eating habits
d. Stress
h. Work issues

Exercise - 35%

Current limitations on physical activity (e.g., injuries, illness, medical conditions):
none

Previous limitations on physical activity (over the last 5 years):
none

Regular physical activity
Do you currently participate in regular physical activity? No
Other physical activity minutes - How many minutes in an average day are you physically active (gardening, physical labor, use stairs not elevator, walk not drive, etc): 20 minutes

Aerobic exercise – How many days per week do you engage in aerobic exercise of at least 20 minutes duration (fitness walking, cycling, jogging, swimming, aerobic dance, active sports)? None

Strength exercise – How many times per week do you do strength building exercises for ten minutes or more, such as sit-ups, pushups, or use strength training equipment? 1. None

Flexibility or stretching exercise – How many times per week do you do stretching exercises for five minutes or more to improve flexibility of your back, neck, shoulders, and legs? 1. None

Nutrition - 34%

Breakfast – How often do you eat breakfast, more than just a roll and a cup of coffee? Eat breakfast every day

Snacks – How often do you eat “junk” snack foods between meals (e.g. chips, pastries, candy, ice cream, cookies)? 2. Once or twice per day

Fat intake – Indicate the kinds of foods you usually eat. 1. Nearly always eat the high fat foods

Trans fats are commonly listed as “partially hydrogenated vegetable oil” on food labels. These processed fats increase shelf life and give foods a firmer texture, but they can greatly increase your risk of developing heart disease. Many snacks, baked goods, and even healthy-appearing breakfast cereals contain trans fat or partially hydrogenated vegetable oil. How often do you eat foods containing trans fats or partially hydrogenated oil? 3. At least once a day

Breads and grains – Indicate the kinds of breads and grains you usually eat. 2. Eat mostly refined grain products

Fruits and vegetables – How many servings of fruits and vegetables do you eat daily? (A serving is: 1 cup fresh, ½ cup cooked, 1 medium size fruit, or ¾ cup juice) 1. one or less

Water intake – How many eight ounce glasses of water do you drink on average per day? 1. None

Soft drink intake – How many eight ounce glasses of non-diet or other sugary soft drinks do you drink on average per day? 3. 1-2 glasses

Number of drinks – How many alcoholic drinks do you usually have per weekday (one ounce liquor, 12 ounces beer, or 4 ounces of wine)? 2. 3-5

Number of drinks – How many alcoholic drinks do you usually have per weekend day (one ounce liquor, 12 ounces beer, or 4 ounces of wine)? 2. 3-5

Weight - 40%

BMI 32
Height (without shoes): 65 inches
Waist Measurement in inches: 35
Current weight (without shoes): 190
Weight one year ago: 190
Weight two years ago: 190
Weight five years ago: 180
Weight ten years ago: 160
Describe any weight-management program pursued in the last 10 years:
Atkins but didn't maintain it

Mental & Emotional Fitness - 66%

Coping – How well do you feel you are coping with your current stress load?
3. Have trouble coping at times

Stress - Mark any symptoms below that apply to you.
f. I feel tense or anxious much of the time.

Sleep – How many hours of sleep do you get on average:
2. 6-7
Emotional issues – During the past four weeks, to what extent have you accomplished less than you would like in your work or other daily activities as a result of emotional issues, such as feeling depressed or anxious?

Slightly

Social activity – during the past four weeks, to what extent has your physical health or emotional issues interfered with your normal social activities with family, friends, neighbors, or groups?

5. Not at all

Personal loss - Have you suffered a personal loss or misfortune in the past year? (For example: a job loss, disability, divorce, separation, or the death of someone close to you)

1. No

Social support – Do you have friends/family with whom you can share problems and get help if needed?

2. Yes

Feelings – The next questions are about how you feel things have been with you during the past four weeks. For each question, please give the one answer that comes the closest to the way you have been feeling. How much of the time during the past four weeks …

- 1. None of the time
- 2. A little of the time
- 3. Some of the time
- 4. A good bit of the time
- 5. All of the time

a. Have you felt calm and peaceful? 3
b. Did you have a lot of energy? 3
c. Have you been a happy person? 4
d. Did you take the time to relax and have fun daily? 2
e. Have you felt downhearted or blue? 1
f. Have you felt worthless, inadequate, or unimportant? 1

Health - 76%

Health
Complete the following statement. In general, my overall health is … 2. Fair

Physician relationship - Do you have a primary care doctor who you trust and see regularly? 2. Somewhat

Physical exam – When was your last physical examination? Within the last … 3. 2 years

What is your blood pressure:
Systolic (high number): 130
Diastolic (low number): 90

What is your total cholesterol: 0
What is your HDL: 0
What is your LDL: 0
What is your fasting Triglyceride level: 0
What is your fasting glucose level: 0

Sick days – How many days did you miss from work due to illness or injury during the last 6 months? 2

Tobacco status – Mark the appropriate response. 7. Have never smoked (or used tobacco)

Women’s health issues – Mark all that apply. Men skip to next question.

Men’s health issues – Mark all that apply. Women skip to next question.

Medications – How often do you use drugs or medicines (include prescription and nonprescription) that treat depression, affect your mood, help you relax, or help you sleep?

4. Never
Family health history – Mark any of the following health problems found in your family (parent, brother, sister).

f. High blood pressure

Family health history – Mark any of the following health problems found in your family (parent, brother, sister).

f. High blood pressure

g. High blood cholesterol

Person health history – Has a doctor informed you that you currently have any of the following health problems?

- 1 No
- 2 Yes and is not under control
- 3 Yes and taking medication or is under control.

a. Asthma or lung disorder - N/A
b. Bowel polyps or inflammatory bowel disease - N/A
c. Cancer, other than non-melanoma skin cancer - N/A
d. Chronic bronchitis or emphysema (COPD - N/A
e. Coronary heart disease, congestive heart failure, angina, heart attack, or heart surgery - N/A
f. Depression (mental illness) - N/A
g. Diabetes (high blood sugar) - N/A
h. High blood pressure (140/90 or higher) - N/A
i. High blood cholesterol (200 or higher) - N/A
j. Sciatica or chronic back problem (musculoskeletal) - N/A
k. Stroke or restricted blood flow to head or legs - N/A
l. Arthritis - N/A

Current symptoms – Mark any of the following symptoms you have experienced within the last four weeks.

Bodily pain – How much bodily pain have you had during the past four weeks?

6. None

Health limitations – During the past four weeks, how much difficulty did you have doing your work or other regular activities as a result of your physical health?

e. None