



Creating a Culture of Wellness in Healthcare Settings Conference Baseline Evaluation Survey

The Conference Evaluation Committee asks your help in answering these health-behavior questions to use as a baseline for a three-month follow-up. Your answers are anonymous. Baseline and follow-up answers will be compared on an aggregate basis. Your assistance in answering these questions and responding to the follow up will be very much appreciated.

Questions Regarding Your Own Health

1. **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?** Yes___ No___
2. **In a usual week, how many days are you active for at least ten minutes at a time?** None___
One___ Two___ Three___ Four___ Five___ Six___ Seven___
3. **During the past month, how many times per week did you do physical activities or exercises to STRENGTHEN your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.** None___ One___ Two___ Three___ Four___ Five___ Six___ Seven___
4. **How many servings of fruits did you eat yesterday? This includes fresh, frozen, canned, or dried, but would not include fruit juice.** None___ One-Two___ Three-Four___ Five-Six___ Seven-Eight___ Nine or More___
5. **How many servings of vegetables did you eat yesterday? This includes fresh, frozen, canned, dried, as well as any vegetable juice or soups and stews made with vegetables. Also includes potatoes, salad, and salsa.** None___ One-Two___ Three-Four___ Five-Six___ Seven-Eight___ Nine or More___
6. **In general, would you say that your health is:** Excellent___ Very good___ Fair___ Poor___

Questions Regarding Your Clinical Practice (If you are not engaged in clinical practice, mark N/A___)

7. **As part of your clinical practice, how often do you engage in the following activities?**
 - a. **Chart BMI percentile for age at each annual visit:** Always___ Usually___ Rarely___ Never___
 - b. **Assess nutrition behaviors at each annual visit:** Always___ Usually___ Rarely___ Never___
 - c. **Assess physical activity behaviors at each annual visit:** Always___ Usually___ Rarely___ Never___
 - d. **Conduct patient-driven goal setting for nutrition and physical activity behaviors on at least an annual basis:** Always___ Usually___ Rarely___ Never___
 - e. **Refer patients to community resources for nutrition, physical activity, and obesity prevention/treatment support:** Very frequently___ Frequently___ Rarely___ Never___
 - f. **Serve as an advocate in your community to support healthy eating, physical activity, and obesity prevention:** Very frequently___ Frequently___ Rarely___ Never___
8. **What is your profession?** Physician___ Physician Assistant ___ Nurse Practitioner___ Nurse___ Other: _____

Thank You!