

VILLAGE OF SHOREWOOD

Annual Wellness Reporting | Health Risk Assessment

Due by October 14, 2019



Health Risk Assessment

Never or Almost Never 1	Occasionally 2	Often 3	Very Often 4	Always or Almost Always 5
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Physical Activity				
I engage in moderate physical activity outside of work for at least 20 to 30 minutes at least 5 days of the week.				
My physical activity includes stretching, aerobic activity, and strength conditioning.				
I use alternative modes of transportation whenever possible to and from various locations (i.e. stairs instead of elevator, biking or walking instead of driving).				
I take the health benefits of physical activities and their lasting impact seriously.				
I enjoy sedentary activities rather than physical activities.				
Nutrition				
I eat at least five servings of fruits and vegetables every day (one serving equals one half cup).				
I eat at fast food restaurants less than three times per week.				
I include foods that are high in fiber in my diet on a daily basis (i.e. whole grain breads and cereals, beans, etc.)				
I maintain a healthy weight within the recommendations specified by a health care professional.				
I avoid eating foods that are high in fat such as whole milk, fried foods, fatty meats, etc.				
General Health				
I avoid the use of tobacco products (cigarettes, smokeless tobacco, cigars, and pipes) and limit myself to 5 drinks of alcohol a week. (beer, liquor, wine)				
I examine my breasts or testes on a monthly basis.				
I protect my skin from sun damage by using sunscreen, wearing hats, and/or avoiding tanning booths and sunlamps.				
I visit my dentist every six months for regular checkups.				
I see my physician for routine check-ups, health screenings, and disease prevention.				
Safety				
I wear a seat belt when traveling in a vehicle.				
I stay within five miles per hour of the speed limit.				
I know where to locate and properly use a first aid kit and fire extinguisher in case of an emergency.				
I use the recommended safety equipment for all activities that I participate in (i.e. mouth guards, life jackets, hard hats, etc.).				
I take the proper precautions to avoid or reduce workplace accidents. (i.e. clean up spills)				
Social and Environmental Wellness				
I regularly recycle my paper, plastic, glass and aluminum.				
I respect the integrity and property of my fellow co-workers and the surrounding environment.				
I take time to have meaningful interactions with family and friends.				

Submission Instructions: Email completed form to angela.zausch@thehortongroup.com or bring hard copies to Tyler Burkart.

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Social and Environmental Wellness (cont.)					
I contribute time and/or money to at least one organization that strives to better the community where I live.					
I regularly take interest in and interact with others.					
Emotional Awareness					
My relationships and behaviors are maintained in a manner which is healthy for me and for others.					
I am able to develop close, personal relationships with others.					
I have positive relationships with both men / women in my life.					
I feel that I am a confident individual.					
I am able to respect others for who they are, regardless of race, gender, age, attitude, and interests.					
Mental Wellness					
I express my feelings of anger and frustration in ways that are not hurtful to myself or others.					
I set reasonable goals objectives for myself.					
I realize when I make mistakes; and I understand the consequences that they have on myself and others.					
I feel that I have family and friends that I can confide in to assist in managing stress.					
I take responsibility for my actions and understand the effects that they have on others.					
Intellectual Wellness					
I keep informed about social, political, and/or current events.					
I seek opportunities to learn new things through different mediums such as television, books, newspaper, internet, etc.					
I gather facts and consider all options before decision making.					
I enjoy activities such as the arts, visiting museums, or attending plays or concerts.					
I enjoy learning new information on a daily basis.					
Occupational Wellness					
I enjoy my work.					
I am satisfied with the balance between my work time and leisure time.					
I am satisfied with my ability to control my work load.					
The level of stress in my work environment is manageable.					
At work, my level of authority is consistent with my level of responsibility.					
Values, Spirituality, and Beliefs					
I feel that my life has a purpose.					
I am able to discuss my values and beliefs with my family and friends in a reasonable manner.					
My actions are guided by my own beliefs rather than the beliefs of others.					
I spend a portion of every day in personal reflection.					
I am tolerant of the values and beliefs of others.					

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Annual Wellness Reporting | Activity Tracker

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Wellness Activities		Minutes	Points Earned
Continuous Physical Activity <i>Approved activities include walking/running, biking, strength training, swimming, group fitness, etc.; activities not approved include job-related duties, grass cutting, raking, shoveling, etc. Must include approved log or screenshots from a wellness tracker.</i> Please use this form for each individual week, to earn up to your 60 point max. If you have a fitness tracker and would like to submit your logs or screenshots, you may do that as well.		90 mins / week 120 mins / week 150 mins / week	Max 60 6 points 8 points 10 points
Activity	Date	Minutes	Points
Total Points			

I certify all the above information is accurate and truthful.		
Printed Name:	Signature:	Date:

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VILLAGE OF SHOREWOOD

Annual Wellness Reporting | Non-Nicotine User Affidavit

Due by October 14, 2019



Please review this affidavit carefully and sign and date at the bottom and return it to Human Resources in order to be eligible for a discount. By completing this affidavit, you are confirming that you do not smoke or use nicotine products and have not done so for the last 12 consecutive months.

If you currently smoke or use nicotine products and would like to quit, you may also receive the discount by completing a nicotine cessation program.

By abstaining from smoking and other nicotine products, or completing a cessation program, you will receive discounted health insurance premiums.

By signing this I _____ (print name) certify that I am not a smoker or nicotine user and have not smoked or used any nicotine products within the last 12 consecutive months or will be completing a Village of Shorewood approved smoking cessation program. I understand that providing false information may subject me to repay the discount I receive.

Please contact Human Resources with any questions or concerns you have regarding the Non-Nicotine User Discount Affidavit.

I certify all the above information is accurate and truthful.

Printed Name:

Signature:

Date:

VILLAGE OF SHOREWOOD

Annual Wellness Reporting | Food Journal

Due by October 14, 2019



Wellness Activities		Points Earned
Keep a Weekly Food Journal (5 points per week, up to 4 times per year)		Max 20
Meal	Date	Points

I certify all the above information is accurate and truthful.		
Printed Name:	Signature:	Date:

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