

- 10) Do you have a personal history of (circle all that apply)?
- | | | | |
|------------------------|---------------------|--------------|-----------|
| A. Heart disease | C. High cholesterol | E. Arthritis | G. Cancer |
| B. High blood pressure | D. Diabetes | F. Asthma | H. Stroke |
- 11) How many days of work did you miss last year due to any/all of the illnesses you have circled above?
- A. 0 days B. 1-3 days C. 4-5 days D. More than 5 days E. Not working at this time
- 12) How many days a week do you exercise for at least 30 minutes without stopping (example: walking, cycling and swimming — include walking breaks at work, taking stairs, etc.)?
- A. 0 days B. 1 day/wk. C. 3 days/wk. D. 5 days/wk. E. Every day
- 13) Have you tried to lose weight in the last year? Yes No
- 14) On a scale of 1-10, with one being least successful and 10 being most successful, circle the number that rates the success of your weight-loss efforts this past year. 1 2 3 4 5 6 7 8 9 10
- 15) On a scale of 1-10, with one being least successful and 10 being most successful, circle the number that rates your readiness to begin a program for weight loss. 1 2 3 4 5 6 7 8 9 10
- 16) Do you smoke or use other forms of tobacco? Yes No

We are very interested in providing you with information regarding managing your weight. Please list below any topics that you would like to see included in The Healthy Weigh! materials.

The Healthy Weigh! is for health education purposes only. We do not offer medical advice or medical services. Members should always consult their treating physician(s) for any medical advice or services. The member is responsible for selecting providers, services or products. **All referenced health services may not be covered under a health plan. Please check the terms of your health plan or insurance policy for coverage of services.** Information furnished by the member is kept strictly confidential and only used to provide information necessary for participation in or analysis of The Healthy Weigh! education program.

By my signature, I hereby indicate my decision to enroll in The Healthy Weigh! education program. I understand that there is no cost to me or my family for this program. I further authorize Arkansas Blue Cross and Blue Shield, Health Advantage or BlueAdvantage to communicate with my physician(s) regarding any related treatment or records of treatment, and to release my identity and related records for the purpose of my participation in the Health Survey and other aspects of The Healthy Weigh! as described in *Blue & You*. My information will not be furnished to third parties to include in shared mailing lists with other companies or organizations.

Signature (Required): _____

Date: _____

Welcome to the Program!