

## Your Consultation Questions

1. From management's perspective, what are the primary health challenges your workforce currently faces?

- |   |  |
|---|--|
| <input type="checkbox"/> Absenteeism                | <input type="checkbox"/> Presenteeism          |
| <input type="checkbox"/> Musculoskeletal conditions | <input type="checkbox"/> Chronic health issues |
| <input type="checkbox"/> Aging Workforce            | <input type="checkbox"/> Poor Morale           |
| <input type="checkbox"/> Other:                     |  |

2. List the primary health risks that you feel exist in your company.

### Musculoskeletal Injuries

- |                               |                                   |                                |                                |
|-------------------------------|-----------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> Neck | <input type="checkbox"/> Shoulder | <input type="checkbox"/> Wrist | <input type="checkbox"/> Hand  |
| <input type="checkbox"/> Back | <input type="checkbox"/> Hip      | <input type="checkbox"/> Knee  | <input type="checkbox"/> Ankle |
| <input type="checkbox"/> Foot | <input type="checkbox"/> Other:   |                                |                                |

### Chronic Health Issues

- |                                   |  |   |
|-----------------------------------|--|---|
| <input type="checkbox"/> Smoking  | <input type="checkbox"/> Weight management     | <input type="checkbox"/> Financial Stress |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Cancer                | <input type="checkbox"/> Heart Disease    |
| <input type="checkbox"/> Obesity  | <input type="checkbox"/> Other forms of stress |   |
| <input type="checkbox"/> Other:   |  |   |

3. Describe the primary types of duties at your company by checking all of the following that apply:

- |  |   |
|--|---|
| <input type="checkbox"/> Desk work/long sitting    | <input type="checkbox"/> Extensive typing/computer work |
| <input type="checkbox"/> Long standing             | <input type="checkbox"/> Heavy Lifting                  |
| <input type="checkbox"/> Operating Heavy Equipment | <input type="checkbox"/> Frequent bending               |
| <input type="checkbox"/> Reaching Overhead         | <input type="checkbox"/> Eye Strain                     |
| <input type="checkbox"/> Pushing/Pulling           | <input type="checkbox"/> Mentally Stressful             |
| <input type="checkbox"/> Other:                    |   |

4. List the amount of company expenses spent on its primary health issues over the last year.

Musculoskeletal Injuries: \$ \_\_\_\_\_  
Chronic Illness: \$ \_\_\_\_\_  
Mental Health: \$ \_\_\_\_\_  
Other: \$ \_\_\_\_\_

5. List the number of claims made related to its primary health issues over the last year.

Musculoskeletal Injuries: \_\_\_\_\_  
Chronic Illness: \_\_\_\_\_  
Mental Health: \_\_\_\_\_

**Other: \_\_\_\_\_**

**6. Do you have a clear understanding of why your company is experiencing these issues you noted above?**

**Yes/No**

**7. What are the primary metrics/measurements you use to measure your company's issues as identified in the questions above?**

**8. Are you satisfied with the outcome of your current strategies in handling the issues you marked above?**