

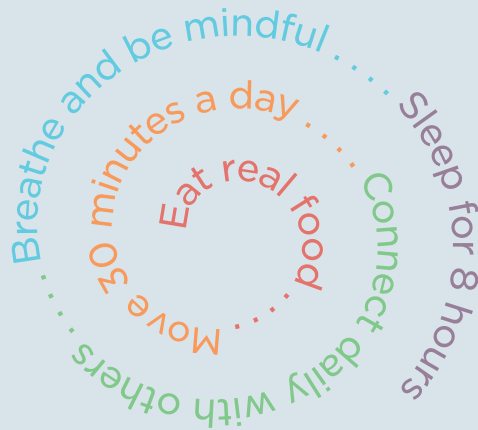
Be Well Survey

Please answer the questions below based on a typical week.

- A. How many servings of fresh, frozen, or dried fruits and vegetables do you eat per day (1 serving is about the size of your fist and does not include fruit juice)?
- Less than 2 servings
 - 2-3 servings
 - 4-5 servings
 - More than 5 servings
- B. How often have you eaten fast food, sugary drinks (e.g., soda, sports drinks, juice) or processed foods (e.g., chips, candy, crackers, cookies)?
- 5 or more times per week
 - 3-4 times per week
 - 1-2 times per week
 - Less than 1 time per week
- C. How many days did you exercise at a moderate to strenuous intensity (e.g., moderate intensity defined as able to talk but not sing or enough movement to break a light sweat)?
- Less than 1 time per week
 - 1-2 times per week
 - 3-4 times per week
 - 5 or more times per week
- D. On the days that you exercise, how many minutes do you spend per session?
- Less than 10 minutes
 - 10-29 minutes
 - 30-49 minutes
 - 50 minutes or more
- E. How many hours do you sleep each night?
- Less than 4 hours
 - 4-5 hours
 - 6-7 hours
 - 8 or more hours
- F. How often did you feel tired upon waking or have difficulty staying awake during the day?
- 5 or more times per week
 - 3-4 times per week
 - 1-2 times per week
 - Less than 1 time per week

- G. How often during the past week, have you connected with any support network (e.g. community, spiritual, friends/family relationships)?
- Less than 1 time per week
 - 1-2 times per week
 - 3-4 times per week
 - 5 or more times per week
- H. In the past week, how often have you felt stressed, sad, or worried?
- 5 or more times per week
 - 3-4 times per week
 - 1-2 times per week
 - Less than 1 time per week

Reference guides are available at: [sharp.com/srshealthinfo](https://www.sharp.com/srshealthinfo)



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