




Compass™ Health Assessment

Welcome to your health assessment

Everyone starts down the road to better health from a different place. Find out where you stand right now when you complete your questionnaire.



ANSWER

Spend less than 15 minutes answering these questions.

Mail in your completed questionnaire.



DISCOVER

Receive a personal health report built just for you.



ENGAGE

Choose your “next steps” toward feeling and looking better now (yes, even with your busy schedule)!

Your privacy is important

Please know that your personal health information is protected. We continually update our information systems to keep your data safe. Our privacy policy is based on these five basic principles:

1. We will only disclose your health information to organizations that assist us in providing our services to you.
2. Anyone who receives your information is required to follow our privacy policy and any applicable laws.
3. Your information will **never** be sold or given to a third party for marketing purposes.
4. Your personalized programs and information are available to you through a secure, password-protected website.
5. Information will be used by your program sponsor to administer the program (e.g., payment of incentives), but outside of this purpose your Protected Health Information, which includes your Health Assessment and screening results, will not be shared with your program sponsor without your consent and may not be used for any other purpose.

For more information, please reference the full privacy policy that follows this questionnaire.

About You

Company/Organization: _____

Date of Birth (MM/DD/YYYY): _____ Gender: Male Female

First Name: _____

Last Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Please provide your phone number and email in case we need to reach out to you.

Phone: _____

Email: _____

You must complete ALL the questions (except where indicated) in order to get credit for the activity and for us to process your personalized report.

Help us point you in the right direction.

Please confirm or update the following information so we can provide the most accurate, personalized results possible.

1 What is your preferred spoken language?

- English
- Cantonese
- Creole (French)
- French
- Japanese
- Mandarin
- Polish
- Portuguese
- Russian
- Spanish
- Tagalog
- Vietnamese
- Other

2 Which of the following best describes your race or ethnicity?

You may select more than one.

- Hispanic or Latino
- Black/African American
- White/Caucasian
- Asian
- Pacific Islander/Native Hawaiian
- American Indian/Alaska Native
- Other
- I prefer not to answer.

Why do we ask?

Your ethnicity isn't just part of your identity. It's part of your genetic makeup—and an important health indicator. Ethnic background helps identify increased risk for certain diseases and illnesses. It can help you be proactive about your health.

3 **Women:** Are you currently pregnant?

- Yes
- No

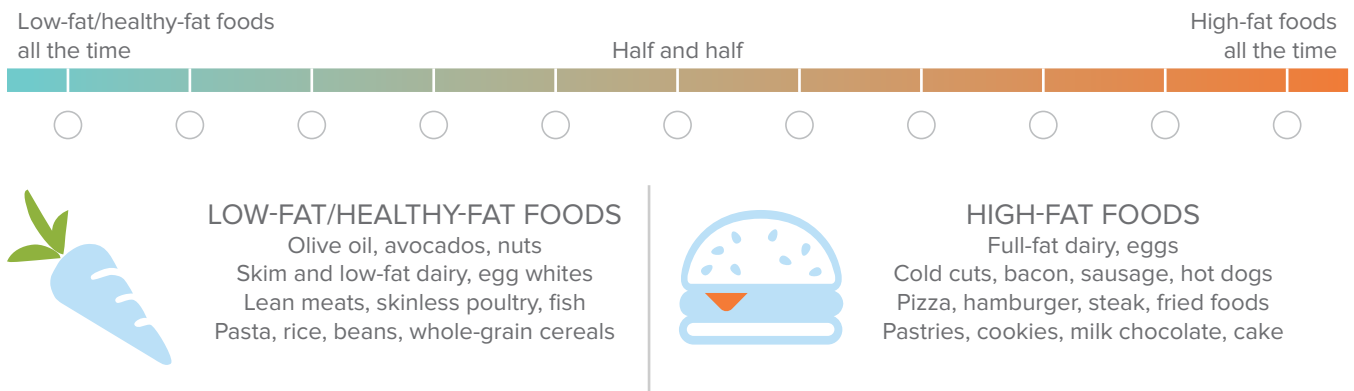
Why do we ask?

Whether or not you are pregnant affects which recommendations are right for you. Keep in mind that your report will not address the specific needs of a pregnant individual. Please check with your doctor before making changes to your routine.

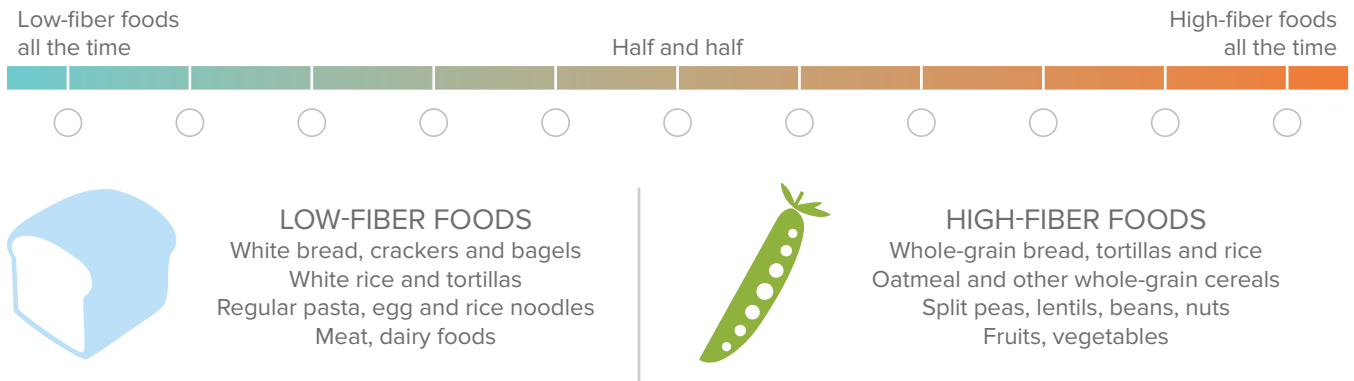
Eating and Drinking

No one eats or drinks the same every day, of course. Answer the next few questions by filling in the circle that represents what's most common for you.

4 Do you usually eat low-fat/healthy-fat or high-fat foods?

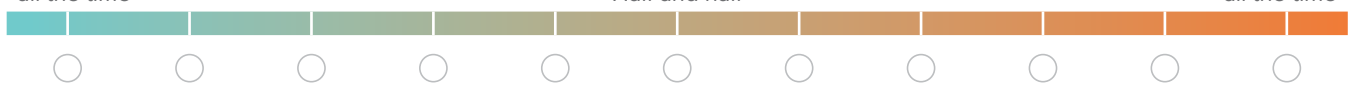


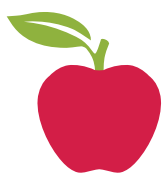
5 Do you usually choose low-fiber or high-fiber foods?




6 Do you usually choose low-salt or high-salt foods?

Low-salt foods all the time Half and half High-salt foods all the time





LOW-SALT FOODS
Fresh meat and fish
Milk, yogurt, eggs, low-sodium cheese
Fresh fruits and vegetables
Low-sodium soup and broth
Unsalted rice, pasta, popcorn and chips







HIGH-SALT FOODS
Cheese, processed meat, smoked fish
Canned vegetables, soups and broths
Frozen, packaged and fast-food meals
Condiments (dressings, ketchup)
Snack foods (chips, pretzels)

7 How many servings of fruits and vegetables do you eat on a typical day?

0	1	2	3	4	5	6	7+
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A serving of fruit or vegetables equals:

						
½ cup fresh strawberries	1 large banana	1 small apple	½ cup fruit juice	1 cup leafy greens	1 cup baby carrots	½ cup broccoli florets

8 How many and what types of snacks do you eat during a typical day?

Some people eat more than three meals a day. That can be a healthy choice. Whether you consider them snacks or small meals, reflect on your “between-meal” habits here.

<p>Healthy Snacks</p> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 25%;">0</td> <td style="width: 25%;">1</td> <td style="width: 25%;">2</td> <td style="width: 25%;">3+</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table> <p>HEALTHY SNACKS Whole-grain crackers, nuts and seeds Fresh vegetables and fruits Low-fat, low-sugar yogurt Unsalted, unbuttered popcorn</p>	0	1	2	3+	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<p>Unhealthy Snacks</p> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 25%;">0</td> <td style="width: 25%;">1</td> <td style="width: 25%;">2</td> <td style="width: 25%;">3+</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table> <p>UNHEALTHY SNACKS Chips, buttered popcorn, french fries Frozen snacks (pastries, pocket pizza) Cookies, doughnuts, candy Sugary granola bars</p>	0	1	2	3+	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0	1	2	3+														
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>														
0	1	2	3+														
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>														


9 How often do you have a drink containing alcohol?



- Never (skip to 12)
- Monthly or less
- 2 to 4 times a month
- 2 to 4 times a week
- 4 or more times a week

For these questions, consider the days when you have a drink containing alcohol.

Remember that one drink equals:

		
5 ounces of wine	12 ounces of beer	1.5 ounces of 80-proof liquor

10 How many drinks containing alcohol do you have on a typical day when you are drinking?

- 1 or 2
- 3 or 4
- 5 or 6
- 7 to 9
- 10 or more

11 How often do you have six or more drinks on one occasion?

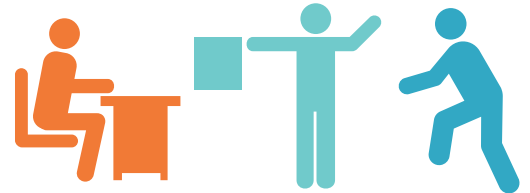
- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

Physical Activity

The next few questions are about how much you move. That includes exercise as well as other movement that's part of your day. No one moves the same every day. Just answer based on what's most common for you.

12 How do you spend your time on a typical day?

- I sit most of the day
- I stand most of day
- I move around most of the day (Skip to 14)



13 How often do you take a break to walk, stretch, stroll or otherwise move for at least 5 minutes in a typical day?

- Hardly ever—I sit all day long
- Once in a while—about 2 times a day
- Sometimes—every few hours
- Frequently—about every hour



14 How much vigorous activity do you fit into a typical week?

No need to be exact. Count anything you do for 10 minutes or longer. And remember that vigorous activity makes you breathe hard enough that it's difficult to talk.

Total vigorous activity Monday through Friday

- | | | | | |
|----------------------------------|----------------------------------|---------------------------------|---------------------------------|-------------------------------|
| <input type="radio"/> None | <input type="radio"/> 15 minutes | <input type="radio"/> 1 hour | <input type="radio"/> 2.5 hours | <input type="radio"/> 4 hours |
| <input type="radio"/> 30 minutes | <input type="radio"/> 1.5 hours | <input type="radio"/> 3 hours | <input type="radio"/> 4.5 hours | |
| <input type="radio"/> 45 minutes | <input type="radio"/> 2 hours | <input type="radio"/> 3.5 hours | <input type="radio"/> 5+ hours | |



Total vigorous activity Saturday and Sunday

- | | | | | |
|----------------------------------|----------------------------------|---------------------------------|---------------------------------|-------------------------------|
| <input type="radio"/> None | <input type="radio"/> 15 minutes | <input type="radio"/> 1 hour | <input type="radio"/> 2.5 hours | <input type="radio"/> 4 hours |
| <input type="radio"/> 30 minutes | <input type="radio"/> 1.5 hours | <input type="radio"/> 3 hours | <input type="radio"/> 4.5 hours | |
| <input type="radio"/> 45 minutes | <input type="radio"/> 2 hours | <input type="radio"/> 3.5 hours | <input type="radio"/> 5+ hours | |

Race walking, jogging or running, swimming laps, tennis (singles), aerobic dancing, bicycling 10 miles an hour or faster, jumping rope, heavy gardening, hiking uphill or with a heavy backpack.

15 How much moderate activity do you fit into a typical week?

No need to be exact. Count anything you do for 10 minutes or longer. And remember that moderate activity makes you breathe faster, but you're not out of breath.

Total moderate activity Monday through Friday

- None
- 15 minutes 1 hour 2.5 hours 4 hours
- 30 minutes 1.5 hours 3 hours 4.5 hours
- 45 minutes 2 hours 3.5 hours 5+ hours



Gardening or raking leaves, playing baseball, basketball or touch football, shoveling snow, washing and waxing a car, climbing stairs, carrying or moving moderately heavy loads, brisk walking.

Total moderate activity Saturday and Sunday

- None
- 15 minutes 1 hour 2.5 hours 4 hours
- 30 minutes 1.5 hours 3 hours 4.5 hours
- 45 minutes 2 hours 3.5 hours 5+ hours

16 How often do you do strength exercises that challenge all of your major muscle groups?

Weights, dumbbells, resistance bands, yoga and body weight exercises like push-ups all count for strengthening your muscles. A complete strength routine covers your legs, hips, abdomen, chest, shoulders and arms.



- Less than once a week
 - 1 day a week
 - 2 days a week
 - 3 days a week
 - 4 or more days a week
-

Tobacco, Nicotine and You

No one has to tell you that tobacco and nicotine can have a major impacts on your health. Let's take a look at whether your own use—or anyone else's—plays a role in your health.

17 Do you use tobacco products or e-cigs?

- I have never used tobacco or e-cigs (or have used fewer than 100 cigarettes or the equivalent). **(Skip to 19)**
- I've used tobacco or e-cigs but have successfully quit in the last 10 years. **(Skip to 19)**
- I've used tobacco or e-cigs but successfully quit over 10 years ago. **(Skip to 19)**
- I quit using tobacco or e-cigs during my pregnancy. **(Skip to 19)**
- Yes, I use tobacco or e-cigs.

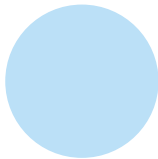


18 What kind of tobacco or nicotine products do you use?

If you use more than one, choose the product you use most.

- Cigarettes
- Smokeless
- Cigars
- Pipe
- E-cigs
- Other

19 In a typical week, how much are you exposed to other people's tobacco smoke at home, at work, in public places or in cars?



Never



Almost never



Frequently



Almost always



Always



Energy and You

What keeps you moving ahead? The following questions are all about your energy—how rested you feel, how you respond to stress and how you recharge with relationships.

20 How many hours of sleep do you get on a typical night (or whenever you sleep in the case of shift work)?



My sleep on a typical weeknight:

- Less than 6 hours
- 6 to 7 hours
- 7 to 9 hours
- Over 9 hours



My sleep on a typical weekend night:

- Less than 6 hours
- 6 to 7 hours
- 7 to 9 hours
- Over 9 hours



21 What causes stress in your life? You can choose more than one.

- | | | |
|---|--|---|
| <input type="radio"/> Money | <input type="radio"/> Family responsibilities | <input type="radio"/> Job stability |
| <input type="radio"/> The economy | <input type="radio"/> Housing costs | <input type="radio"/> Personal safety |
| <input type="radio"/> Work | <input type="radio"/> Relationships | <input type="radio"/> Other |
| <input type="radio"/> Health problems affecting my family | <input type="radio"/> Personal health concerns | <input type="radio"/> None of the above |

22 Rate your stress and your ability to cope in the last month.
Mark one of the circles on the scale below to indicate your level of stress.



No stress



Extreme stress

My stress level



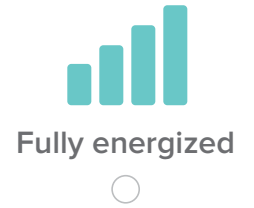
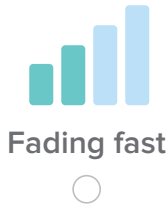
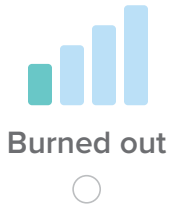
My coping level

Coping well

Not coping well



23 How would you rate your day-to-day energy level?



24 Over the past 2 weeks, how often have you been bothered by the following problems?

Little interest or pleasure in doing things:

- Not at all Several days More than half the days Nearly every day

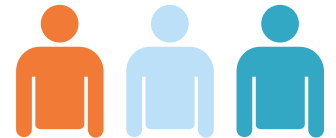
Feeling down, depressed or hopeless:

- Not at all Several days More than half the days Nearly every day

25 Think about the people in your life like family, friends and neighbors. How connected do you feel?



I feel alone most of the time

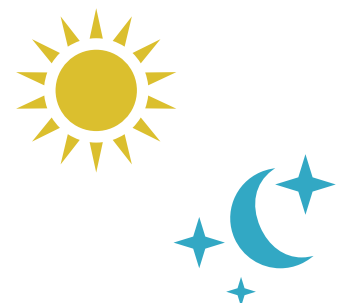


I have the support I need

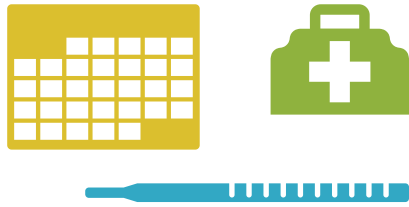


26 Describe your usual work schedule:

- I work during the day.
 I work the night shift.
 I work shifts that vary—sometimes day and sometimes night.
 This does not apply to me. **(Skip to 30)**



27 How many times in the last month has feeling sick prevented you from going to work?



- None
- 1 day
- 2 to 4 days
- 5 to 7 days
- More than 7 days

28 How productive have you been in your job in the past month?



29 How health-friendly is your company?



- Actively promotes the health of employees
- Has some employee health initiatives
- Is neutral on employee health
- Is not focused on employee health
- Is not focused on employee health and has work practices that may be harmful to employee health

Your Body and You

Whatever direction you're headed, it's important to be fit for the road. In the following questions, we'll look at your overall health—your numbers, whether you're keeping current with preventive exams and what steps you take to stay safe.

30 Height

Feet Inches

31 Weight

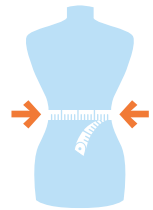
Pounds

32 Do you know your waist measurement or can you measure it now?

(Skip to question 33 if you are pregnant or you can't measure your waist right now)

My waist measurement Inches

How to measure your waist. Use a flexible measuring tape. Find the highest point on each hipbone and measure around your body just above those points.



33 Men: Which best represents your body shape?



Tube



Apple

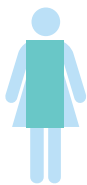


Triangle



Square

Women: Which best represents your (non-pregnant) body shape?



Pencil



Apple



Pear



Hourglass

34 Please update or confirm your latest health numbers.

These health numbers are measured with a blood test. If you don't have the exact date of your test, just enter the month, day and year that is close based on your memory. Knowing the year is most important.

Total cholesterol is a measure of all fats circulating in your blood; however, this number is not a significant measure of heart disease.

HDL cholesterol is also known as good cholesterol because it is associated with heart health. A fasting reading of ≥ 60 is ideal.

LDL cholesterol is also known as bad cholesterol because it is a known risk factor for heart disease. A fasting reading < 70 is optimal.

Non-HDL cholesterol: too much indicates a higher risk of heart disease. A fasting reading < 100 is ideal.

Triclycerides are a type of fat found in your blood that can be associated with heart disease if elevated. A fasting reading < 150 is optimal.

Blood glucose: elevated blood glucose can be a sign of diabetes. A fasting glucose reading < 100 is normal, 100 to 125 indicates prediabetes, and ≥ 126 indicates diabetes.

A1C: Reflects your average blood sugar level for the past 2 to 3 months. A reading between 5.7 and 6.5 percent indicates prediabetes; a reading 6.5 percent and above indicates diabetes.

Don't know your numbers?

Your questionnaire will still be considered complete if you skip questions 34 and 35. Just keep in mind your personalized report won't reflect this information.

mg/dL Date

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mg/dL
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mg/dL

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35 Please update or confirm your latest blood pressure reading.

If you don't know your blood pressure, you can still move forward in your questionnaire, but your personalized report won't reflect this information, and we may not be able to calculate your cardiovascular risk score.

Systolic (top number): measures the pressure in your arteries during heartbeats—140 and above indicates high blood pressure (150 and above if you are age 60 or over).

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Diastolic (bottom number): measures the pressure in your arteries between heartbeats—90 and above indicates high blood pressure.

--	--	--

Date

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/

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Tell us how you keep yourself safe.

36 Here's what I *do* to stay safe:

Choose all that apply to you.

- I buckle my seatbelt in a car.
- I wear a helmet when I'm on a bike or a motorcycle—or I don't ride a bike or motorcycle.
- I put on sunscreen when out in the sun for more than 30 minutes *and* I avoid tanning beds.
- I'd rather not answer these questions.



37 Here's what I *avoid* to stay safe:

Choose all that apply to you.

- I don't text, talk on the phone or use any other portable device while driving—or I don't drive.
- I never drive after having more than two alcoholic beverages and I don't ride in a car with a driver who's been drinking.
- I don't use recreational drugs.
- I'd rather not answer these questions.



38 Have you had a flu vaccine in the past year?

Health experts recommend that all adults receive the yearly flu vaccine. It can prevent so many issues, from feeling lousy to missing out on work activities. And it can protect you from flu-related complications if you have a condition that puts you at higher risk.

- Yes No

39 Have you had a tetanus-diphtheria vaccine in the last 10 years?

Tetanus and diphtheria are life-threatening bacterial infections easily prevented with a vaccine. Adults need a booster shot every 10 years to protect themselves.

Adults who have never received tetanus or diphtheria should receive a Tdap shot, which immunizes against tetanus, diphtheria, and pertussis (whooping cough.)

- Yes No I'm not sure

40 Have you ever had a Zoster (shingles) vaccine?

The vaccine dramatically lowers the possibility of getting this painful condition. The vaccine is recommended for all adults 60 and over.

- Yes No
-

41 **Women:** Have you had a Pap test in the past 3 years?

This test detects cervical cancer. Doctors recommend it for adult women every 3 years starting at age 21. This test is not needed if you have had a hysterectomy with removal of your cervix and have not had cervical cancer. Women 65 or older who are low risk also do not need the test.

- Yes No Does not apply
-

42 **Women:** Have you had a mammogram in the past 2 years?

The U.S. Preventive Services Task Force recommends a mammogram every 2 years for women ages 50 to 74. Other credible health organizations recommend more frequent and earlier screening. Talk to your doctor about the optimal schedule for your history and your needs.

Women who have had a mastectomy may not need a mammogram. Discuss this with your doctor if you're not sure.

- Yes No Does not apply
-

43 **Women:** Have you had a vaccination for HPV?

While most types of the human papilloma virus (HPV) are harmless, some types cause genital warts, certain types of cancer and other conditions.

The Centers for Disease Control and Prevention recommends that females age 13 to 26 get the three-shot HPV vaccine series. Talk to your doctor about whether it's right for you.

- Yes No
-

44 **Men:** Have you had a vaccination for HPV?

While most types of HPV are harmless, some types cause genital warts as well as certain types of cancer.

The CDC recommends that boys ages 11 to 21 get the three-shot HPV vaccine, though it is also recommended for other males up to age 26 under certain circumstances. Talk to your doctor.

Yes No

45 Have you been tested for hepatitis C?

The most important risk factor for hepatitis C is past or current injection drug use. But there are other risk factors—including long-term hemodialysis, intranasal drug use, getting an unregulated tattoo, a blood transfusion before 1992, and having surgery before the implementation of universal precautions.

Anyone born between 1945 and 1965, plus certain other high-risk persons, should be screened. Talk to your doctor.

Yes No

46 Have you had a colon cancer screening test?

The U.S. Preventive Services Task Force recommends one of three colon cancer screening strategies. Choose “yes” if you are up-to-date on any one of these:

Colonoscopy—every 10 years beginning at age 50 and ending at age 75 (beginning at age 45 for African Americans, Indians and Alaska Natives, who are at higher risk for colon cancer)

Sigmoidoscopy—every 5 years with high-sensitivity fecal occult blood test every 3 years

High-sensitivity fecal occult blood test—every year

Yes No

47 Have you been diagnosed with any of the following health conditions?

Choose only those conditions you are still living with.

Cardiovascular conditions

- Coronary artery disease
- Congestive heart failure
- Hypertension (high blood pressure)
- Hyperlipidemia (high cholesterol)
- Stroke
- None of these conditions

- I prefer not to answer.

Behavioral health conditions

- Anxiety
- Depression
- Neither of these conditions

- I prefer not to answer.

Lung conditions

- Asthma
- COPD (chronic obstructive pulmonary disease)
- Neither of these conditions

- I prefer not to answer.

Diabetes

- Type 1 diabetes
- Type 2 diabetes
- Not sure which type I have
- I don't have type 1 or type 2 diabetes.

- I prefer not to answer.

Cancer

- Yes, I am currently living with cancer (Do not include skin cancer)
- I've had cancer and am currently cancer-free
- I've never had cancer

- I prefer not to answer.

Other


- Arthritis.
- Chronic headaches, like migraines
- Back or spine condition
- A physical disability that limits my ability to exercise
- Hearing impairment that requires an assistive device
- Visual impairment that requires special reading materials
- Other condition not listed
- None of these conditions

- I prefer not to answer.

48 If you indicated having one of the health conditions in question 47, please respond to the following statement. Otherwise, skip to 51.

I am taking the steps my doctor recommends to prevent problems caused by my health condition(s).

Strongly disagree Strongly agree



49 If you indicated having one of the health conditions in question 47, do you take any medicines for your noted health condition(s)? Otherwise, skip to 51

Select all that apply.

- I take prescription medication(s).
- I take over-the-counter medications(s).
- I take supplements and vitamins.

50 If you take medicine for one of the health conditions in question 47, how many days a week do you take your medicine as directed by your physician(s)?

- I do not take a daily medication.
- Fewer than 4 days a week.
- 4 to 5 days a week.
- 6 days a week.
- Every day.



51 Have you ever had a pneumonia (pneumococcal) vaccine?

If you are 65 or older, or have certain health conditions, you are at higher risk and should receive this vaccination.

- Yes
- No

52

Have you experienced pain in any of the areas listed in the chart below in the last month?

If so, please indicate where:

- No pain in these areas. (Skip to question 54)
- I prefer not to answer.

	No pain						Extreme pain					
	0	1	2	3	4	5	6	7	8	9	10	
Rate the pain level of your headaches :	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Rate the pain you experience in your neck :	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Rate the pain you experience in your shoulder :	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Rate the pain you experience in your lower back :	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Rate the pain you experience in your wrist and/or hand :	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Rate the pain you experience in your hip :	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Rate the pain you experience in your knee :	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Rate the pain you experience in your foot :	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

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How has the pain you have experienced in the last month affected your life?

- I can barely cope: Pain makes life very difficult.
- I cope OK: Some days are better than others.
- I cope fairly well: I wish it were better.
- I cope well: It's part of my life and I deal with it.



54 Give your health a review.

Overall, how would you rate your health compared with other people your age?



Poor

I have mostly bad days.



Fair

I have good and bad days.



Good

I'm feeling OK.



Very good

I'm doing pretty well!



Excellent

I feel great!

55 Ready to take healthy steps?

Rate how confident you are that you can do what it takes to improve or maintain your good habits. A "1" means you're not very confident and a "5" means you're very confident.



Get Active

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Eat Healthier

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Weigh Less

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Stress Less

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Be Tobacco Free

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Sleep Well

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Maintain a Healthy Back

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Privacy Policy

Last updated: 19 May 2014

This is RedBrick Health Corporation's Privacy Policy. It applies to anyone who uses our Services either online (via www.redbrickhealth.com), in person, over the phone or via hard copy documents. Please read this Privacy Policy, which among other things, describes how RedBrick Health Corporation ("we," "our" or "us") collects, uses, protects and under what circumstances discloses your information.

RedBrick Health Corporation has received TRUSTe's Privacy Seal signifying that this privacy policy and our practices have been reviewed for compliance with the TRUSTe program viewable on the validation page available by clicking the TRUSTe seal. The TRUSTe program covers only information that is collected through this Web site, home.redbrickhealth.com and mobile site.

If you have an unresolved privacy or data use concern that we have not addressed satisfactorily, please contact TRUSTe at <https://feedback-form.truste.com/watchdog/request>.

RedBrick Health Corporation complies with the U.S.-E.U. Safe Harbor framework and the U.S.-Swiss Safe Harbor framework as set forth by the U.S. Department of Commerce regarding the collection, use, and retention of personal data from European Union member countries and Switzerland. RedBrick Health Corporation has certified that it adheres to the Safe Harbor Privacy Principles of notice, choice, onward transfer, security, data integrity, access, and enforcement. To learn more about the Safe Harbor program, and to view RedBrick Health Corporation's certification, please visit <http://www.export.gov/safeharbor/>.

1. Will This Privacy Policy Change?

Yes. Every participant should read and understand the following key points about any changes we make. We may modify, alter or update our Privacy Policy at any time, so we encourage you to review our Privacy Policy frequently.

- Anytime we make a change to this Privacy Policy we will update the date at the top of this document.
- We will not provide you an individual notice of changes made to our Privacy Policy for items that we determine, in our sole discretion, are not significant or material changes. Examples of these types of changes would be to update regulatory references, correct administrative types of errors or to comply with new legal requirements.
- For anything we determine, in our sole discretion, to be significant or material, we will provide you with some type of additional reasonable notice that details the change. We will send such notice to you using the most recent email address you provided. An example of this would be any type of change that would require your prior approval or consent before we could make the change.
- The type of notice we will provide and the method used to provide it to you will be dependent upon the kind of change we want to make.

- We will never make any change or take any action that would violate any regulatory, privacy or security requirements, contractual obligations or other requirement in which your prior consent would be required first.

Each time we make a material or significant change, we will update the date at the top of this document.

2. Why Do We Collect Information About You?

We collect information about you in order to determine your eligibility for our Services, to provide you with our Services and for us to tailor our Services for you. Information may include personal information like your name, address, gender, health habit information like how much exercise you get, biometric screening values like your cholesterol measurement, your health goals, and information about how you changed your health habits as a result of the Service you experienced.

We use the information collected from you to tailor our products to your specific needs. One such example would be the program recommendations we make from the answers you provide when taking a health assessment. Other examples would be collecting and then using your preferred communication method(s) and your preferred name.

3. What Wellness Services Do We Provide?

We provide eligible users with information and tools designed to help participants make informed choices about their individual life style. Our Services are delivered via computers, mobile devices, telephone, print materials and in-person.

The Services cover many different aspects and areas including general health information, nutrition, exercise, personal care and other similar content. We will provide you with tools and information to help you make healthy life style choices and so this by communicating with you using your preferred method(s). You will have the opportunity to use tools, techniques and information in the forms you like most while completing a wide range of activities at a reasonable pace that you can help set. We also provide you with information tailored to your unique circumstances.

Please check with your Sponsor to determine your eligibility for specific programs.

4. Where Do We Get Information About You?

We collect information about you from several sources.

You:

- Provide us or our partners with any information.
- Choose to complete surveys or questionnaires.

Your Sponsor

- Depending on the services your Sponsor has selected, we may collect medical- or pharmacy-related claims information from your insurer(s) at the direction of your Sponsor.
 - Your Sponsor may provide personal information that may include your name, date of birth, gender, postal address, telephone number, email address, social security or other unique identifier, marital status, language spoken.
5. Where will we keep your data?
Your data will be kept in the United States in one of our data centers.
6. Do We Share Information We Have About You?
Yes. We will disclose information we have about you in order to provide you with our Services. We will share your personal information with third parties only in the ways that are described in this privacy policy. Disclosures will only be made to entities that are legally entitled to the data and are contractually committed to protect the data in accordance with all regulatory and contractual requirements.

Your Access To Your Personal Information

Your personal information and information about your participation in our Services is available to you through a secure, password-protected website.

Disclosure To Our Business Partners

We enter into agreements with our trusted business partners to assist us in providing you with our health and wellness services. These business partners are authorized to use your personal information only as necessary to provide these services to us. We require these business partners to protect your Personal Information (including your Personal Health Information) and to comply with the HIPAA Privacy & Security Rules along with other applicable laws or regulations. To ensure this occurs, we check our partners on an annual basis to verify their programs meet our requirements, which meet or exceed regulatory and/or contractual requirements.

Disclosure To Sponsors

In the United States (U.S.) we may share Personal Health Information relating to group health plans with the plan sponsors for plan administration purposes and/or coordination of your care. Unless the plan sponsors are permitted to obtain such Personal Health Information under U.S. law, we will de-identify such Personal Health Information before providing it. De-identified information is data that has been separated from information that would tie it to a particular individual. When provide them with access to your information, we ensure we provide them with only the minimum information necessary to satisfy the original need for the data.

Disclosure To Employer

We will not share your individually identifiable Personal Health Information with your employer for employment-related purposes. Unless an employer has a legal right to obtain your Personal Health Information, we will de-identify such Personal Health Information before providing it to your employer.

Disclosure For Marketing Purposes

We do not permit advertising. We do not sell and will not give your individually identifiable information to anyone other entity for any marketing purpose. We will use your information to communicate with you about our Services that are available to you as a benefit under your health plan.

Disclosure To Meet Legal Requirements

We will not share Personal Information with a third party without prior authorization, except (i) in compliance with law, regulation or other legal processes (ii) to protect the rights, property or safety of us or others, (iii) in emergency situations, (iv) in the event that we or substantially all of our assets are acquired by one or more third parties as a result of an acquisition, merger, sale, reorganization, consolidation or liquidation, in which case Personal Information may be one of the transferred assets, you will be notified via email and/or a prominent notice on our Web site of any change in ownership or uses of your personal information, as well as any choices you may have regarding your Personal Information or (v) for purposes of carrying out Treatment, Payment or Health Care Operations (as defined below).

Sharing of information in any of these above cases will only be done when in full compliance with applicable laws, including the HIPAA Privacy Policy.

Treatment means the provision, coordination or management of health care and related services, consultation between providers relating to an individual or the referral of an individual to another provider for health care. Payment means activities undertaken to obtain or provide reimbursement for health care, including determinations of eligibility of coverage, billing, collection activities, medical necessity determinations and utilization review. Health Care Operations include functions such as quality assessment and improvement activities, conducting or arranging for medical review, legal services and auditing functions, general business and administrative activities.

7. Do I Have Choices Related To My Personal Data?
You may tell us you do not want your data shared with us or our partners, and we will honor any such request, but if you choose this option we will not be able to provide you with any of our Services.
8. Can I Correct Errors With My Personal Data?
You always have the ability to access and have us correct or delete any errors with your personal data. We strongly encourage you to contact us if you find any errors so that we can correct them for you. Please contact us using the

support method set up between us and your Sponsor. If you are having difficulties or are not sure what method to use, you can always contact us via email at youradvocate@redbrickhealth.com and we will get someone to help you. We will respond to your request to access within 30 days or less.

We will retain your information for as long as your account is active or as needed to provide you services. We will retain and use your information as necessary to comply with our legal obligations, resolve disputes, and enforce our agreements. Under most circumstances, your data will be retained for seven years after your Sponsor has terminated their contract with us. Disposal of physical and electronic personal health information is performed in compliance with HIPAA Privacy and Security Rules.

We want to keep your personal data accurate. For participants located in the U.S. you may contact us at (866) 322-1255 regarding requesting a change to the Personal Information you have provided. Anyone worldwide can contact us at youradvocate@redbrickhealth.com.

9. Do We Comply With Regulatory Requirements?
Yes. We are in compliance with each of the following.

HIPAA Privacy, Security and Breach Notification Rules

Whenever we collect or receive Personal Health Information, we do so under agreements with our clients that require us to comply with the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). In accordance, we retain personally identifiable information for a minimum of six years. You can learn more about the HIPAA Privacy, Security and Breach Notification Rules at <http://www.hhs.gov/ocr/privacy/>. We take our obligations under the HIPAA Privacy and Security Rules seriously and we do everything required by the Rules to safeguard your privacy and security.

U.S. Department of Commerce Safe Harbor Program

We adhere to all seven of the U.S.-EU Safe Harbor Privacy Principles. These principles include Notice; Choice; Onward Transfer; Access; Security; Data Integrity and Enforcement. We have also self-certified with the U.S. Department of Commerce and we are listed in the U.S. EU Safe Harbor List.

10. Data Security

Data security is implemented through physical, administrative and technical safeguards we have put in place and the operational procedures we adhere to in order to protect your information. We have a security program based on the ISO27002 security framework and incorporate ITIL and NIST provided recommendations for specific implementation items. Our entire program is audited at least annual by independent auditors as part of a SSAE16 SOC2 Type 2 audit.

The framework, implementation recommendations from and leading and recognized sources all go into a wide range of security or privacy specific items. The following is a partial list of some key components off our programs:

- Human Resources staff screenings required prior to hire or access to data
- Employee screenings
- Security & Privacy awareness training for all staff
- Wide-range of physical security controls
- Required encryption
- Logging and monitoring of systems
- Role Based Access Controls (RBAC)
- Business Continuity and Disaster Recovery
- Security incident response

Recognized from leading independent audits, we protect your transactions involving Personal Information over the Internet using Secure Socket Layer (SSL) technology. We restrict access to your Personal Information in our database to our authorized employees, our agents and certain of our authorized partners.

11. Children's Privacy

The site is not intended for use by children under the age of 13. We will not knowingly collect any personal information from persons under the age of 13. If you think that we have collected personal information from a person under the age of 13, please contact us.

12. Contact Us

If you have any questions, comments or complaints about our Privacy Policy or our Services please contact us so we can help. You can reach by using the methods identified below.

- For those located in the U.S. you may contact us at (866) 322-1255 or via email at youradvocate@redbrickhealth.com
- For those located outside the U.S. please contact us via email at youradvocate@redbrickhealth.com

For any questions or comments related to this or the other documents referenced within this document you may also write to us at:

RedBrick Health Corporation
510 Marquette Avenue South, Minneapolis, MN 55402
ATTN: Compliance
youradvocate@redbrickhealth.com

–OR–

Pat Midden
Privacy Officer
510 Marquette Avenue South, Minneapolis, MN 55402
youradvocate@redbrickhealth.com

We at RedBrick Health Corporation provide our RedBrick Wellness Services (our Services) through this site for eligible users who have accepted these **Terms of Service**.

Information You Should Review Carefully

These Terms of Service are a legal agreement between you and us. When you agree to these Terms of Service, you are also agreeing to our **Privacy Policy** and our **Terms of Use** (you'll find a link to this policy at the bottom of this page), so please review all of these documents before agreeing to the Terms of Service.

- Our **Privacy Policy** contains important information regarding our collection, protection and ability to disclose your information, and
- This **Terms of Service** govern everyone's use of our Services.

We may make changes to our Services, these Terms of Service and our Privacy Policy at any time. We encourage you to review our site regularly for any such changes. Your continued use of our Services will constitute your acceptance of such changes.

1. We Are Not Providing Medical Advice

OUR SERVICES DO NOT CONSTITUTE MEDICAL ADVICE, MEDICAL DIAGNOSIS OR TREATMENT, OR MEDICAL CARE.

Our Services are created to provide you with information about health care for general informational purposes and are not intended to provide you with specific health care advice or instructions. They are not intended to diagnose, cure, treat or prevent disease for individuals. We do not practice medicine or professional health care of any type in any jurisdiction.

Our Services are intended to improve your general health and well-being. Healthier individuals are happier, more productive and less vulnerable to a wide range of illnesses and diseases, and that is our goal. Our content is based on medical evidence and best editorial practices, but we do not guarantee that it is always accurate or complete for any specific individual. You should never disregard professional medical advice, or delay seeking it because of something you have read or heard in or on our Services.

Simple changes in your lifestyle can have serious health consequences, depending on your health and medical condition.

You should consult a physician or other health care professional **before**:

- Beginning or modifying an exercise program.
- Changing your diet if you are pregnant, nursing, diabetic, on medication, have food allergies or have a medical condition that requires you to avoid certain foods.
- Changing anything about your medication—starting it, stopping it, changing the dose or type, or changing your schedule.
- Deciding on any specific medical treatment.

If you need medical advice, diagnosis or treatment, contact a qualified health care professional.

Never disregard professional medical advice, or delay seeking it because of something you have read or heard in or on our Services.

If you think you have an emergency, call your physician or, in the U.S., call 911 immediately.

2. Eligibility To Use Our Service

You may be eligible to use our Services if your health plan, benefits provider, employer (or the employer of the person through whom you receive your health care coverage) or other similar type of organization has purchased our Services and instructed us to provide you with our Services. We collectively refer to all these types of organizations as the **Sponsor**.

3. Your Privacy Is Protected

Please refer to our **Privacy Policy** for each of the following.

- Why Do We Collect Information About You?
- What Wellness Services Do We Provide?
- Where Do We Get Information About You?
- Do We Share Information We Have About You?
- Do I Have Choices Related To My Personal Data?
- Do We Comply With Regulatory Requirements?

4. Permitted Use Of Our Service

You agree to access and use our Service in accordance with these Terms of Service and only for your personal, non-commercial use, and not to transfer your access rights to anyone else.

5. Restrictions On Use Of Our Service

You agree that all of your activities on our Service will be appropriate and related to your use of our Service. By way of example, you agree that you will not:

- Translate, modify or create derivative works of our Service;
- Disclose, publish, distribute, sell, assign, lease, sublicense, market or transfer our Service;
- Use our Service except in accordance with all applicable law.

6. Your Rights And Responsibilities

In addition to the **Permitted Use** and **Restrictions** of our Service, yourself and other active participants have the following rights and responsibilities when using the Service.

Rights:

- To be presented with information intended to encourage positive health, including shared social communications like message boards or group events
- To be presented messages and reminders that reinforce your Service, not for selling or promoting unrelated services
- To share comments and receive answers to your user-related questions with us about the Service in accordance with our disclosed hours of service and response times

Responsibilities:

- To follow the Restrictions on Use of Our Service
- To report your progress and participation honestly

7. Your Information

We do not claim any ownership rights in the information you submit to us, and we will not use information about you for any purpose except to provide our Services. You grant us and others, including third parties described in our **Privacy Policy**, the right to use, copy and display all information we receive about you in order to allow us to provide you with our Services and coordinate your care, and as otherwise described in our **Privacy Policy**. We may share your information with our contracted service providers for performing their contractual obligations to provide services to eligible users. We require our partners to protect your information in accordance with all legal requirements. You represent that you have the right to provide us with your information and to use our Services.

8. Disclaimer

To the maximum extent permitted by applicable law, our service is provided “as is” and “as available” without any warranties of any kind, and we and our licensors disclaim all warranties, express and implied, including, without limitation, any implied warranties of merchantability, fitness for a particular purpose, title and noninfringement, and warranties arising from course of dealing, course of performance and usage of trade. Your use of our service is solely at your own risk. Furthermore, we and our licensors do not warrant that our service will be uninterrupted or error free, that defects will be corrected, or that our service is free of viruses or other harmful components or code. Any material downloaded or otherwise obtained through the use of our service is accessed at your own discretion and risk, and you will be solely responsible for any damage to your computer system or loss of data that results from the download of any such material.

9. Exclusive Remedy

If you are dissatisfied with our Service (including these Terms of Service), your only remedy is to discontinue using our Service.

10. Limitations On Liability

Notwithstanding anything else in these terms of service or otherwise, to the maximum extent permitted by applicable law, we and our licensors will not be liable to you or to any third party for any lost or corrupted data or content, special, indirect, incidental, exemplary or consequential damages of any kind arising out of use of our service or any subject matter of these terms of service, even if we have been advised of or could have foreseen the possibility of such damages. In no event will we have any liability to you or any third party arising from your permitted use of our service that exceeds one hundred U.S. dollars in the aggregate.

11. Use Outside The U.S; Governing Law; Equitable Relief

We control our Service from our offices within the United States, and your information is stored in a database managed by us in the U.S. We make no representation that our Service is appropriate. Access to our Service where the content or access or use of our Services is illegal is prohibited.

The laws of the State of Minnesota, U.S., will govern these Terms of Service, without reference to its conflicts of law principles. You acknowledge that any breach of the Restrictions on Use of Our Service or the Permitted Use of Our Service cannot reasonably or adequately be compensated by damages in an action at law and that a breach or threatened breach of such provisions shall cause us irreparable injury and damage, and we shall be entitled, in addition to any other remedies we may have, to appropriate equitable relief.

12. Miscellaneous Terms

- If any provision of these Terms of Service is held to be unenforceable, the remaining provisions will remain in full force.
- A waiver of a breach of any provision shall not be a waiver of the provision itself.
- These Terms of Service (including our **Privacy Policy** and **Terms of Use**) are the entire and exclusive agreement between you and us with respect to your access to and use of our Services, and we may modify them at any time.

Conflict Between Documents

If there is a conflict between these Terms of Service and our **Privacy Policy**, then (i) the Privacy Policy will control with respect to privacy issues, (ii) these **Terms of Service** will control with respect to your use of our Services. Our **Terms of Use** only apply to the use of RedBrick's corporate web site and do not apply to your use of our services.

Notice

Any notice given under these **Terms of Service** may be by registered or certified mail, by private courier service or by facsimile or email, addressed to you at your address as stored in our Services. Any notice given by email to us will be effective only upon actual receipt of the email message from an email address registered in connection with your account. There are no third-party beneficiaries to this Agreement.

