

Executive Summary  
*Stress Emotional Profile*  
For:

Provided by:  
S.O.A.R. Incorporated  
*(See Opportunities and Achieve Results)*  
Comprehensive Wellness Network

## Risks = Decrease in productivity and increase in medical costs.

In a comprehensive study of over 2 million workers, *University of Michigan Health Management & Research Center* and *The Journal of Occupational and Environmental Medicine* identified costs born by employers associated with specific risks prevalent among employees.

Their findings correlate a specific loss in productivity per risk factor present. These risks and associated loss in productivity are:

<b>Health Risk</b>	<b>Excess Loss</b>
Current smoker	2.8%
Physical activity	1.9%
Safety belt usage	3.3%
Use relaxation medicine	8.4%
Life dissatisfaction	4.5%
Poor physical health	1.9%
Job dissatisfaction	3.0%
High stress	4.1%
High blood pressure	1.3%
Obese (BMI 30+)	1.5%



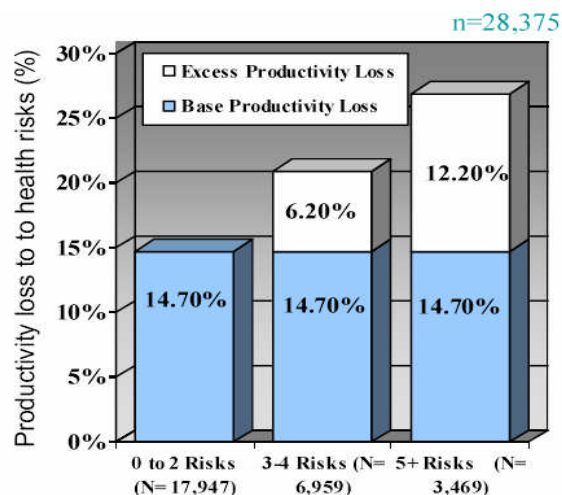
Source: Journal of Occupational & Environmental Medicine, 47(8):769-777, Aug. 2005; Study of 28,375 workers

The study also identified that cumulative risks are negatively synergistic showing an additional 2.4% decrease in productivity per each additional risk factor.

The following graph demonstrates the study findings and correlations of lost productivity and number of risk factors present.

### Persons with more risk factors reported greater work loss time

- Moderate risk persons, 6.2% increased loss of productivity
- High risk persons, 12.2% increased loss of productivity



Source: Journal of Occupational & Environmental Medicine, 47(8):769-777, Aug. 2005

## Increased Medical Costs

The March/April 2006 issue of the *American Journal of Health Promotion* states that **“Employees who are at risk for stress and depression expend 46% to 70% higher medical costs respectively to those are not at risk.”** The *American Institute of Stress Institute* states that **“75% to 90% of general physicians office visits are stress related.”**

Chronic acute stress leads to an out-of-balance biochemistry with elevated cortisol and suppressed serotonin. These biochemical markers of stress, in turn, lead to ill health and psychosocial disorders. Consequently, stress plays a major causative role in both physical and mental health. Stress can affect the onset of, or susceptibility to disease. It can also affect the progression or course of disease, even when there is another cause of the disease; and stress can affect one's recovery from disease.

Stress has been linked to:

- Cancer
- Diabetes
- Breakdown in the immune system
- Alcohol and substance abuse
- Cardiovascular disease

With these facts in mind, our proprietary Stress and Emotional Profile was developed to identify:

1. Individual stress levels in 5 specific life areas.
2. Number of risk factors present per life area and cumulatively.
3. Clusters of risks with specific individuals.
4. Willingness or need to access professional assistance.
5. Ways to minimize or eliminate stress, thus reducing risks and reducing costs.

The following is an illustration of the results of the Stress and Emotional Profiles submitted by employees from May, 2008 through July, 2008

Total Number of employees who submitted profiles: **58 employees completed assessment**

## STRESS AND EMOTIONAL PROFILE

An average score of 0-3 in a particular area is indicative of healthy stress levels and good stress management skills. An average score of 4-6 is indicative that there are some concerns starting to arise and we should address them sooner than later. Finally an average score of 7-10 is indicative that there are major problems that need to be addressed immediately to avoid dangerous physical and emotional effects.

### Relationships

1. Using a scale of 1-10 rate your current level of satisfaction of your relationship with your spouse or significant other. 1= Very Satisfied 10= Extremely Frustrated

**Group Average Score: 3.8**

Using a scale of 1-10 rate your current level of stress associated with your relationship. 1= No stress and source off support. 10= Ready to end relationship.

**Group Average Score: 3.35**

2. Using a scale of 1-10 rate your current social/emotional support system. 1=I have quality relationships with family and friends and a great support system. 10=I have poor or no relationships with family and friends and I do not have a support system.

**Group Average Score: 2.85**

3. Are you currently, or have you been divorced?

**45% Yes**

If yes, using a scale of 1-10, rate your current level of stress associated with your divorce. 1= Minimal to no stress. 10= Ongoing stress with physical or mental or emotional effects.

**Average Score of those that said Yes: 4.52**

4. Do you currently live in a blended family relationship? (Living with non biological family members i.e. step children/parents)

**30% Yes**

If yes, using a scale of 1-10 rate your current level of stress associated with your current living environment. 1= Minimal to no stress. 10= Ongoing stress with physical or mental or emotional effects.

**Average Score of those that said Yes: 4.6**

5. Using a scale of 1-10 rate your current or most recent, status of your relationship with your parents. 1= Strong relationship and source of support. 10= Poor relationship and source of stress.

**Group Average Score: 3.12**

6. Are you currently a non paid care giver for a family member or any one else?

**25% Yes**

If yes using a scale of 1-10 rate your current level of stress associated as a caregiver. 1= Minimal to no stress. 10= Ongoing stress with physical or mental or emotional effects.

**Average Score of those that said Yes: 4.9**

Using a scale of 1-10 enter level of support received from other family members in providing care 1= Great support and assistance from others. 10 = No support or assistance from others.

**Group Average Score: 5.07**

7. Do you or an immediate family member have a substance abuse problem?

**21% Yes**

If yes enter 1 if you/they are involved in a treatment program i.e. Alcoholics Anonymous Narcotics Anonymous or working with a trained professional Enter 5 if you/they are considering accessing treatment but do not know where to go. Enter 10 if you/they are not seeking any help and not interested in seeking any help.

**Average Score of those that said Yes: 8.0**

Would you like assistance accessing a substance abuse program?

**2 Yes 12 No**

8. Have you or an immediate family member had an infraction with the law, minor or major, within the past 12 months?

**16% Yes**

If yes using a scale of 1-10 please rate your current level of stress associated with the infraction  
1= Minimal to no stress. 10= Ongoing stress with physical or mental or emotional effects

**Average Score of those that said Yes: 6.6**

9. Have you experienced the death of a close family member within the past 12 months?

**31% Yes**

If yes using a scale of 1-10 please rate your how the event is currently affecting you. 1= It is hard but I am coping ok. 10= It is all I can stand and I feel like I am never going to move forward.

**Average Score of those that said Yes: 2.5**

Family: 15 Friend: 3

If yes using a scale of 1-10 please rate your how the event is currently affecting you. 1= It is hard but I am coping ok. 10= It is all I can stand and I feel like I am never going to move forward.

**Average Score of those that said Yes: 2.5**

11. Are there any issues in your personal or interpersonal relationships not identified above that you feel are affecting you physically, mentally or emotionally?

**41% Yes**

If yes, using a scale of 1-10 rate the level you are affected. 1= Minimal to no stress. 10= Ongoing stress with physical or mental or emotional effects.

**Average Score of those that said Yes: 6.0**

Are there any issues regarding relationships that you would like to discuss in more detail with a Licensed Professional?

**6 of 58 Yes**

## Finance

1. Are you satisfied with your present financial circumstance?

**71% No**

If no, using a scale of 1-10 rate your current level of dissatisfaction of your financial circumstances. 1= mildly dissatisfied. 10= Extremely Frustrated.

**Average Score of those that said No: 5.03**

2. Please rate using a scale of 1-10 your perception of your ability to effect change with your financial situation. 1= I am very optimistic that I am able to change my financial situation. 10= I am very doubtful that I am able to change my financial circumstance and have no hope of ever being able to.

**Group Average Score: 3.70**

3. Please rate using a scale of 1-10 your ability to keep up with your financial obligations. 1= I am able to keep up and pay my bills on time. 10= I am not able to keep up and I am getting calls from bill collectors or creditors.

**Group Average Score: 2.56**

4. Please rate the amount of money you have in savings in the event of an emergency. (1, 3, 5, 7, 10) 1= \$5000 or more 3= \$4999 -3000 5= \$2999-\$1000 7= \$ 999- \$500 10= \$500 or less

**Group Average Score: 5.57**

5. Do you and your significant other have arguments over money?

**47% Yes**

If yes using a scale of 1-10 rate how frequently. 1= Not very often. 10= Daily.

**Average Score of those who said Yes: 3.93**

6. Do money worries keep you from sleeping at night?

**28% Yes**

If yes, using a scale of 1-10 rate how often. 1= Not very often. 10= Nightly.

**Average Score of those who said Yes: 5.23**

Are there any issues regarding finances that you would like to discuss in more detail with a Licensed Professional?

**10% Yes**

## Health

1. Are you or an immediate family member currently living with a chronic health problem?

**60% Yes**

If yes, using a scale of 1-10 please rate your current stress level associated with that condition. 1= Minimal to no stress. 10= Ongoing stress with physical or mental or emotional effects.

**Average Score of those who said Yes: 4.89**

2. Using a scale of 1-10, rate the level you feel that you consistently get adequate sleep at night. 1= I consistently get enough sleep and feel well rested. 10= I never get enough sleep and I am always tired and grouchy.

**Group Average Score: 5.57**

3. Are you currently taking any medications for treatment or pain relief of a medical condition?

**45% Yes**

If yes, using a scale of 1-10 please rate the level you feel your functioning is affected by your medication. 1= Not affected or medication improves my functioning. 10= My medications wipe me out or negatively effect my functioning.

**Average Score of those who said Yes: 2.30**

4. Are you currently overweight?

**62% Yes**

If yes please rate (1, 3, 5, 7, 10) 1=1-10 lbs overweight 3=11-15lbs overweight 5=16-25 lbs overweight 7=26-40 lbs overweight 10= More than 40 lbs overweight

**Average Score of those who said Yes: 5.87**

5 Do you exercise at least 3 times per week for at least 30 minutes?

**67% No**

If no please rate how often (5 or 10) 5=1-2 times per week 10= Not at all

**Average score of those who said No: 7.50**

6 Do you smoke?

**10% Yes**

If yes, how many cigarettes per day? Enter your score with the following numbers. 1, 3,5, 7, 10.  
1=3-10 per day. 3= 11-20 per day. 5=21-30 per day. 7=31-40 per day. 10= More than 40  
cigarettes p/day.

**Average Score of those who said Yes 2.50**

7. Are there any issues in pertaining to your health that you feel are affecting you to the extent that your mental, emotional or physical functionality is impaired?

**33% Yes**

If yes please rate using a scale of 1-10 at what level you feel your mental or emotional functionality is impaired. 1= Minimally. 10= Impaired to the point I cannot function mentally or emotionally.

**Average Score of those who said Yes 3.10**

Are there any issues regarding health that you would like to discuss in more detail with a Licensed Professional?

**.09% Yes**

## Employment

1. Using a scale of 1-10 rate your current level of satisfaction with your job. 1= Very Satisfied. 10= Ready to find a new job.

**Group Average Score: 3.42**

2. Please rate using a scale of 1-10 at what level you feel valued as an employee and that your contributions are recognized and appreciated. 1= I feel very appreciated and valued. 10= I do not feel appreciated or valued at all.

**Group Average Score: 3.57**

3. Do you feel comfortable approaching management or supervisor with an issue or problem?

**28% No**

If no, please rate using a scale of 1-10 your discomfort level. 1= Mildly uncomfortable. 10= Extremely uncomfortable.

**Average Score of those who said No: 4.0**

4. Do you feel that you are fairly compensated for your work and abilities?

**23% No**

If no, using a scale of 1-10 please rate your perception on your opportunities to be fairly compensated for your abilities. 1= I am confident that I will be able to. 10= I have no hope of ever being paid what I am worth.

**Average score of those who said No: 4.69**

5. Are there any issues or stressors at work that are affecting your personal life?

**40% Yes**

If yes please rate using a scale of 1-10 at what level they are affecting your personal life. 1= Minimally affecting my personal life with minimal stress. 10= Significantly affecting my personal life and a source of constant stress in my personal life.

**Average score of those who said Yes: 4.18**

Are there any issues regarding employment that you would like to discuss in more detail with a Licensed Professional?

**.01% Yes**

## Emotional/Environmental

1. Life is full of stressful events and circumstances. Using a scale of 1-10 please rate your stress coping skills. 1= I cope with stress very well. 10= I do not cope with stress well at all and suffer from either anxiety or panic attacks.

**Group Average Score: 3.54**

2. Using a scale of 1-10 please rate your self image and perception. 1= I have a very positive self image and I like who I am. 10= I have a very poor self image and I hate who I am.

**Group Average Score: 3.85**

3. Within the past year have you contemplated suicide?

**18% Yes**

If yes, did you have a plan?

**1 of 10 Yes**

4. Have you ever been diagnosed with one of the following: depression, bi-polar, anxiety, schizophrenia?

**40% Yes**

If yes are you currently being treated by an appropriate mental health professional?

**7 of 23 Yes 16 of 23 No**

5. Are you currently taking anti-depressants/anti anxiety, tranquilizers sleeping pills, narcotics or any psychotropic medications?

**25% Yes**

If yes, do you feel they are effectively treating your condition and meeting your needs?

**13 of 14 Yes 1 of 14 No**

6. With in the past year, have you experienced a life event i.e. moving, pregnancy or new baby, change in job or work responsibilities, a change in work hours worked, ext. that is currently affecting you mentally, emotionally or physically?

**68% Yes**

If yes please rate using a scale of 1-10 at what level it is affecting you. 1= Minimal effects not a source of much stress. 10= Significantly effecting me and my ability to function effectively.

**Average Score of those who said Yes: 4.46**

7. Do you feel that there are any environmental factors that are affecting you mentally or emotionally in a negative way? I.e. traffic, long winters, crowded stores, pollution ext.

**57% Yes**

If yes please rate using a scale of 1-10 at what level it is affecting you. 1= Minimal effects not a source of much stress. 10= Significantly effecting me and my ability to function effectively.

**Average Score of those who said Yes: 3.4**

8. Do you feel that there are any unresolved issues or events from your past that are currently affecting you in a negative way?

**47% Yes**

If yes please rate using a scale of 1-10 at what level it is affecting you. 1= Minimal effects not a source of much stress. 10= Significantly effecting me and my ability to function effectively.

**Average Score of those who said Yes: 4.18**

Are there any emotional or environmental issues that you would like to discuss in more detail with a Licensed Professional?

**.05% Yes**

<b>Total Group Average Risks per Person Per Life Area</b>
<b>Relationships: 2.86</b>
<b>Financial: 2.09</b>
<b>Health: 2.5</b>
<b>Employment: 1.24</b>
<b>Emotional/Environmental: 2.87</b>

**Total Average Number of Risks per Person: 11.55**

## Risks per Person per Life Area

R	3	3	3	1	1	3	3	5	4	6	1	5	6	9	1	0	1	3	4	4	2	0	0	8	0	2	2	4	4	5	1	0	3	0	1	1	5	5	1	2	0	4	5	2	2	5	0	4	0	3	4	6	2	0	4	0	3	0
F	1	4	3	5	0	0	2	4	0	6	2	1	1	5	1	3	4	5	1	4	1	1	0	5	1	1	5	3	2	4	0	0	0	0	3	0	0	1	1	2	3	2	3	1	1	3	1	3	5	0	0	6	3	4	0	0	0	4
H	3	3	4	3	4	2	1	3	0	5	0	2	2	7	3	2	1	4	1	1	4	2	2	4	1	1	5	3	1	3	1	0	0	1	0	1	5	1	3	5	2	4	2	2	3	4	2	3	3	3	2	5	2	5	2	2	2	3
E	0	0	2	0	2	1	2	0	0	3	5	0	3	4	1	1	2	1	0	0	0	0	0	0	1	0	0	3	2	0	0	0	2	0	0	1	1	4	2	2	4	0	1	0	1	2	2	1	5	2	1	2	3	0	0	1	2	0
E / E	2	4	5	5	1	4	8	6	0	4	5	5	4	9	1	3	2	3	1	3	2	0	1	2	1	1	4	5	1	2	2	0	2	0	0	2	4	2	1	5	1	4	3	4	0	7	2	6	5	2	1	2	3	4	5	3	0	2
T	9	4	7	4	8	0	6	8	4	4	3	3	6	4	7	9	0	6	7	2	9	3	3	9	4	5	6	8	0	4	4	0	7	1	4	5	5	3	8	6	0	4	4	9	7	1	7	7	8	0	8	1	3	3	1	6	7	9

**R = Relationships**

**F = Financial**

**H = Health**

**E = Employment**

**E/E = Emotional Environmental**

**T = Total Risks per person**

**Average total Risks per person 11.55**

## SUMMARY

Allowing for the possibility of identifying the same risks more than once and for illustration purposes, we assigned an average number of risks per person of 5.7 rather than the 11.55 (We feel this is on the conservative side.)

According to the statistics from the *University of Michigan Health Management & Research Center* and *The Journal of Occupational and Environmental Medicine* an average of 5 or more risks per person equates in an additional 12.20% loss in productivity on top of a base loss of 14.70%. **Base loss = \$130,844.70 (Monthly) \$1,570,136.40 (Annual)**

(14.70% x 172 work hours p/month x \$15 average hourly wage x 345 total employees)

This means that on average you are loosing an excess **20.98 hours** of productivity per employee per 172 hour work month directly correlated to your employees' mental and emotionally health and stress levels. With an average hourly wage of **\$15.00** you are spending on average **\$314.70** per month for nonproductive time per employee.

\$314.70 x 58 (Number of Employees who completed profile) = **\$18,252.60** per month.

\$314.70 x 345 (Total Employees) = **\$108,571.50** per month.

**Annual Excess Loss in Productivity of those who took survey**  
**\$219,031.20**

**Potential Total Annual excess lost productivity cost**  
**\$1,302,858.00**

**By gaining back as little as 2% productive time \_\_\_\_\_ could save **\$213,003.00** a year in regained productive time!**

*(These cost savings are only estimates based on reducing stress and emotional risks. Additional savings can also be seen in decreased medical expenses.)*

In conclusion, we would like to thank you for the opportunity to work with your great company and commend you on your proactive thinking and willingness to invest in your employee's health and wellness. We are anxious to continue to work together and participate in strategic planning with \_\_\_\_\_ to identify and provide solutions to enhance the health and quality of life for your employees and ultimately save your company significant money.

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**INVEST IN YOUR FUTURE BY PRACTING WELLNESS NOW.**

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