

Employee Interest Survey

We would like to learn about your interest in employee wellness activities and programs!

Please take a few minutes to complete this survey. Your responses will be used in planning worksite wellness programs for our employees in 2019. All survey responses are completely anonymous.

What type(s) of health resources/programs would you like offered for employees? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Healthy group lunches/potlucks | <input type="checkbox"/> Yoga classes/stretching sessions |
| <input type="checkbox"/> Walking challenges | <input type="checkbox"/> Stress relief sessions |
| <input type="checkbox"/> Healthy work lunch/snack recipes | <input type="checkbox"/> Financial wellness workshops |
| <input type="checkbox"/> Sports sessions or leagues | <input type="checkbox"/> Work-sponsored marathons/fitness challenges |
| <input type="checkbox"/> Health screening (example: blood pressure screening) | <input type="checkbox"/> Multi-week group programs (example: weight or stress management programs) |
| <input type="checkbox"/> Online programs (example: webinar, weight management program) | <input type="checkbox"/> Dedicated relaxation break room |
| <input type="checkbox"/> Take the Stairs! Challenge | <input type="checkbox"/> Other(s) _____ |

What type(s) of non-profits or causes would you be interested in volunteering for? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Food Pantries/Hunger | <input type="checkbox"/> Military Appreciation |
| <input type="checkbox"/> Nature Restoration or Clean Up | <input type="checkbox"/> Education |
| <input type="checkbox"/> Pets and Animals | <input type="checkbox"/> Homelessness and Housing |
| <input type="checkbox"/> Local Community | <input type="checkbox"/> Seniors or People with Disabilities |
| <input type="checkbox"/> Arts and Culture | <input type="checkbox"/> Advocacy and Humans Rights |
| <input type="checkbox"/> Children and Youth | <input type="checkbox"/> Health and Medicine |

What time of day would be best for you to participate in a wellness activity? (Check only one answer)

- Before work
- During lunch
- After work
- Other: _____

Which of the following incentives would increase your likelihood to participate in wellness activities? (Check all that apply)

- I would participate without an incentive.
- Financial rewards (cash, gift cards, lower cost in health insurance)
- Days/hours off (paid time off)
- Free food at the program
- Small gifts
- Raffles for gifts or financial rewards
- I would not participate even with an incentive.
- Other: _____

Are there any barriers that prevent you from participating in wellness activities? (Check all that apply)

- Inconvenient time or location
- Lack of time
- Privacy: my employer should not be involved in my personal health
- Confidentiality: concern about others knowing of my personal health
- Lack of management support or pressure to get my work done
- My job duties do not allow me to participate
- Just not interested
- Other: _____

Would you support any of the following? (Check all that apply)

- Policy encouraging healthy foods and beverages for meetings and celebrations
- Policy encouraging walking meetings when applicable
- Policy supporting lactation accommodation
- Safe, accessible and inviting stairwells
- Safe, accessible walking routes (indoors or outdoors)

Tell us about yourself:

- Male Female

Age group:

- Under 21 21-30 31-40 41-50 51-60 60+

Would you say that in general your health is

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know/Not sure

I think of health when deciding what to eat.

- Very Likely
- Somewhat likely
- Not very likely
- Not at all likely
- Not sure

I am satisfied with my current state of health.

- Very Likely
- Somewhat likely
- Not very likely
- Not at all likely
- Not sure

I am ready to take step to improve my health and lifestyle.

- Very Likely
- Somewhat likely
- Not very likely
- Not at all likely
- Not sure

On at least 4 nights of the week, I get 8 hours of sleep.

- Very Likely
- Somewhat likely
- Not very likely
- Not at all likely
- Not sure

I eat breakfast every day.

- Very Likely
- Somewhat likely
- Not very likely
- Not at all likely
- Not sure

I buy healthy snacks when they are available such as whole grain crackers, cereals, fresh fruit, low-fat or non-fat yogurt, mixed nuts, dried fruit, etc.

- Very Likely
- Somewhat likely
- Not very likely
- Not at all likely
- Not sure

In an average week, how often do you eat vegetables?

- Never
- 3-4 times a week
- 1-2 times per week
- Once a day
- 2-3 times a day
- 4-5 times day

In an average week, how often do you eat fruits?

- Never
- 3-4 times a week
- 1-2 times per week
- Once a day
- 2-3 times a day
- 4-5 times a day

In which of the following categories would you place yourself? (Check only one)

- I'm not interested in pursuing a healthy lifestyle.
- I have been thinking about changing some of my health behaviors.
- I am planning on making a health behavior change within the next 30 days.
- I have made some health behavior changes but I still have trouble following through.
- I have had a healthy lifestyle for years.

On average, how long do you sit throughout one work day (i.e. at desk, in meeting, etc.)?

- 0-2 hours
- 3-4 hours
- 5-6 hours
- 7 hours or above

In minutes, approximately how long do you walk during one work day (i.e. to office, to lunch etc.)?

- 0-5 minutes
- 5-15 minutes
- 15-30 minutes
- 30-60 minutes
- Greater than 60 minutes

During your work days, (i.e. Monday-Friday) where does your lunch typically come from?

- Prepared at home prior to work
- Convenience lunch (i.e. prepackaged lunch from store)
- Eat at restaurant for lunch (i.e. fast food or sit down)

Where do you typically eat your work week lunch?

- At desk
- In break room
- At restaurant
- Other

On an average day, how many cups (8 oz.) of water do you drink? Note: a standard water bottle is 16.9oz

- None
- 1-3 cups
- 4-7 cups
- 8 or more cups
- Don't know/Not sure

How many coworkers/managers do you feel comfortable with asking for help or support regarding a problem you are facing?

- 0-2
- 3-4
- 5-6
- Greater than 6

Please indicate how you feel regarding the following statement, I feel supported by my co-workers/managers.

Strongly disagree Disagree Neutral Agree Strongly agree

Please indicate how you feel regarding the following statement, My co-workers/managers positively influence my health.

Strongly disagree Disagree Neutral Agree Strongly agree

Please indicate how you feel regarding the following statement, My workplace makes an effort to improve my health at work.

Strongly disagree Disagree Neutral Agree Strongly agree

How often do you feel stressed at work?

Never Sometimes Often Always

Are you interested in participating on the Wellness Committee?

- Yes
- No

If you selected yes, please enter your name here: _____ and your email here:

Suggestions for the Employee Wellness Program:

Thank you for your feedback!