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)

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

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

- Food Pantries/Hunger
- Nature Restoration or Clean Up
- Pets and Animals
- Local Community
- Arts and Culture
- Children and Youth
- Military Appreciation
- Education
- Homelessness and Housing
- Seniors or People with Disabilities
- Advocacy and Humans Rights
- 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!