

SAMPLE EMPLOYEE SURVEY FOR WELLNESS PROGRAM

Your responses will help us develop wellness activities in the future that are of interest to you and will be motivational in helping to maintain a healthy lifestyle. All responses will remain anonymous.

Demographics:

Gender: Male ____ Female ____

Age: < 30 __; 31 – 40 __; 41 to 50 __; 51 to 60 __ 61 to 65 __ > 65 __

Your department (optional): _____

1. What is the best way to get information to you regarding wellness activities, news, tips etc?

- | | |
|--------------------------------------|---------------------------------|
| a. Dedicated bulletin board | d. On intranet |
| b. Weekly email tips | e. Discussion at staff meetings |
| c. Flyers distributed with paychecks | f. Other (please specify) |

2. I would buy healthy snacks at the worksite if they were available. For example, low fat yogurt, low fat milk, nut mix, fresh fruit, *instead of* candy, chips, cookies, soda, etc.

- a. Definitely
- b. Some of the time
- c. Probably not too often
- d. Not at all

3. If you have a sedentary job, do you ever stand up at your desk or walk around the office?

- a. Yes, I am active throughout the day
- b. I usually get up every hour
- c. I rarely get up except to use the facilities or eat lunch
- d. Other _____

4. If you have a physical job, do you ever stretch?

- a. Yes, every day before and/or after my shift (please indicate "and/or")
- b. Sometimes, if I am feeling discomfort
- c. Rarely to never do I stretch

5. Would you participate in any of the following wellness activities on a regular basis if they were offered at work? (circle all that apply)

- | | |
|--------------------------------|--------------------------------|
| a. After work exercise classes | h. Weight Watchers at Work |
| b. Lunchtime exercise program | i. Fitness or wellness contest |

- c. Stress management
- d. Smoking cessation program
- e. Lunchtime Education sessions
- f. Complete a health risk assessment
- g. Walking Competition or Club _____
- j. Blood pressure screening
- k. Nutritional program
- l. Health fairs/Wellness Days
- m. Other _____

6. If we offered a Lunchtime Education session, what three topics would be of most interest to you? (ie. 1 = most important)

| <u>Topic</u> | <u>Ranked</u> |
|---------------------------------|---------------|
| a. Heart Disease/Hypertension | _____ |
| b. Diabetes | _____ |
| c. Stress Management | _____ |
| d. Obesity | _____ |
| e. Smoking | _____ |
| f. Other (please specify) _____ | _____ |

7. What would motivate you to participate in a wellness program?

- a. To receive monetary Incentives or prizes
- b. To participate in challenges with my co-workers
- c. To Know I would feel better/Making a lifestyle change
- d. To receive personal recognition
- e. To have more energy
- f. Other (please be specific) _____

8. Which of the following categories would you place yourself in at this time?

- a. I am not interested in pursuing a healthy lifestyle at this time.
- b. I have been thinking about changing some of my health behaviors.
- c. I am planning on making a health behavior change within the next 30 days.
- d. I have made some health behavior changes but I still have trouble following through with them.
- e. I have had a healthy lifestyle for years and plan on continuing.

If you are interested in helping out with future Wellness Activities, please contact your Safety Coordinator.

Thank you for your time and input! The results will be shared with your Safety Committee.