



Worksite Wellness Employee Interest Survey

We'd like to learn about your interest in worksite wellness. Please take a few minutes to complete this survey. Your responses will be used in planning worksite wellness programs for our employees. All survey responses are completely anonymous.

Tell us about your interests:

1. Please rate your interest in the following health topics:

Topic	Not Interested	Only Slightly Interested	Somewhat Interested	Very Interested
Allergy and Asthma	1	2	3	4
Back Care	1	2	3	4
Blood Pressure	1	2	3	4
Cash-Flow Management (Finances)	1	2	3	4
Emotional Health	1	2	3	4
Healthy Cooking	1	2	3	4
Healthy Eating	1	2	3	4
Heart Health	1	2	3	4
Men's Health	1	2	3	4
Professional Development	1	2	3	4
Sleep	1	2	3	4
Smoking Cessation	1	2	3	4
Stress Management	1	2	3	4
Volunteering/Community Service	1	2	3	4
Walking Program	1	2	3	4
Weight Management	1	2	3	4
Women's Health	1	2	3	4
Workspace Ergonomics	1	2	3	4

2. If it was a topic of interest to you, how likely are you to participate in the following:

	Not at all Likely	Somewhat unlikely	Somewhat Likely	Very Likely
Multi-week group programs (example: weight or stress management programs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Single session workshops (example: healthy eating or heart health one-hour class)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health screening (example: blood pressure screening)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health fair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-directed programs (example: activity tracking program)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online programs (example: webinar, weight management program)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group events in the community (example: Heart Walk, 5K)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do not plan to participate in any wellness programs at work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. 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: _____

4. How long should a wellness activity last?

- Less than 15 minutes
- 15 minutes
- 30 minutes
- 45 minutes
- 60 minutes
- Other: _____

5. If a wellness activity was of interest to you, would you be willing to pay to participate? (example: group walk or run, weight management or exercise program, cooking program)

- Yes
- No

6. If you answered yes to the above question, please indicate how much you would be willing to spend: (If you answered no, skip to the next question.)

- Up to \$10 per year
- Up to \$25 per year
- Up to \$50 per year
- Up to \$100 per year

- Over \$100 per year
- Other: _____

7. 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
- Free food at the program
- Small gifts
- Raffles for gifts or financial rewards
- I would not participate even with an incentive.
- Other: _____

8. How would you prefer to receive information about the company's worksite wellness events? (Check up to two answers.)

- Written materials (newsletters, flyers, memos)
- E-mail
- Department meetings
- Online
- Other: _____

9. Would you support any of the following: (Check all that apply.)

- Increase healthy food and drink options in the cafeteria and vending machines
- Decrease unhealthy food and drink options in the cafeteria and vending machines
- Policy encouraging healthy foods for catered meetings
- Policy encouraging walking meetings when applicable
- Tobacco-free workplace including all outdoor areas of the property
- Establishment of a wellness or relaxation room
- Safe, accessible and inviting stairwells
- Safe, accessible walking routes (indoors or outdoors)

10. 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: _____

Choose to use question 11, or remove question 11 and use questions 12-15 instead.

11. Please provide any recommendations on how to help employees make healthy choices at the workplace.

12. What is the best way for your worksite to help employees to be more physically active?

13. What is the best way for your worksite to help employees eat healthier?

14. What is the best way for your worksite to help employees reduce their stress levels?

15. What is the best way for your worksite to help employees quit smoking?

16. Please rate how helpful our current wellness programs have been in helping you reach your wellness goals?

(Optional question the group can remove if not applicable.)

- Extremely helpful
- Somewhat helpful
- Only slightly helpful
- Not at all
- I have not participated in current programs

Comments:

Tell us about yourself:

- Male Female

Age group:

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

Current job category: (Optional question the group can remove if not applicable.)

- Hourly Salary

What shift do you work? (Optional question the group can remove if not applicable.)

- 1st Shift (day) 2nd Shift (evening) 3rd Shift (overnight)
 Rotating Other: _____

How do you access the Internet: (Check all that apply) (Optional question the group can remove if not applicable.)

- Work computer
 Home computer
 Mobile phone
 I do not access the Internet
 Other: _____

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.

Are you interested in participating on the company wellness committee? (Optional question the group can remove if not applicable.)

- Yes
 No

Enter your name here if you selected yes: _____

Thank you for completing the assessment.

Please submit your assessment to your program coordinator or email it back to us at contact@onestopwellness.org