

## APPENDIX C

### EMPLOYEE WELLNESS SURVEY [INSERT DATE]

The Employee Wellness Committee is developing the [insert year] Employee Wellness Program and needs your help!

Please go to the attached link to cast your vote in the [insert wellness program title] Logo Contest and fill out a short survey to help plan the [insert year] Program.

The [insert wellness program title] would like to learn more about [insert organization] employees' health status and interest in wellness and health-related activities. Your responses will be used in planning the program and choosing activities for [insert year].

**This survey is completely anonymous *and confidential*; there is no way any individual's responses can be identified.**

**The first questions are about your health status and health behaviors.**

**Would you say that in general, your health is:**

- \_\_\_ Excellent
- \_\_\_ Very good
- \_\_\_ Good
- \_\_\_ Fair
- \_\_\_ Poor

### Physical Activity

**Please check below the category that best describes your physical activity level (Other Than Work) for the previous year:**

**NOTE: Moderate to vigorous activity implies the following...any aerobic activity which raises your heart rate to a level of 70% to 80% of your target heart rate:  $220 - \text{your age} = \text{Target Heart Rate}$ . When exercising at a moderate level, you should be able to talk comfortably while doing the activity. At a vigorous level, you may be sweating and/or breathing heavily (puffing.)**

- ☐ No Physical Activity.
- ☐ Moderate to vigorous exercise 1 time per week for at least 30 minutes.
- ☐ Moderate to vigorous exercise 2 times per week for at least 30 minutes, each time.
- ☐ Moderate to vigorous exercise 3 times per week for at least 30 minutes, each time.
- ☐ Moderate to vigorous exercise 5 times per week for at least 30 minutes, each time.

## Nutrition

**Please use this information in answering the next two questions:** One serving equals one of the following: a medium sized piece of fruit, 6oz glass of 100% fruit or vegetable juice, ½ cup cut up fruit or vegetables, ¼ cup dried fruit, 1 cup raw salad greens, ½ cup cooked beans or peas.

**How many servings of fruit do you eat per day?**

\_\_\_ Servings per day

**How many servings of vegetables do you eat per day?**

\_\_\_ Servings per day

**How often do you eat “fast food” or “junk food” such as candy, soda, or chips?**

daily

\_\_\_ Times per week

\_\_\_ Times per month

\_\_\_ Times per year

**In general would you say your typical daily diet is:**

\_\_\_ Excellent

\_\_\_ Very good

\_\_\_ Good

\_\_\_ Fair

\_\_\_ Poor

**The following questions address wellness activities and programming. Your input will drive the types of health promotion programs and activities that are offered this year. Your input is an IMPORTANT element to the success of the program.**

## Health Education

What health topics would you be interested in receiving information about? (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Diabetes               | <input type="checkbox"/> Chronic low back pain  |
| <input type="checkbox"/> High blood pressure    | <input type="checkbox"/> Digestive problems     |
| <input type="checkbox"/> High blood cholesterol | <input type="checkbox"/> Fibromyalgia           |
| <input type="checkbox"/> Heart disease          | <input type="checkbox"/> Mental health problems |
| <input type="checkbox"/> Alcoholism             | <input type="checkbox"/> Tobacco cessation      |
| <input type="checkbox"/> Asthma                 | <input type="checkbox"/> Other: _____           |
| <input type="checkbox"/> Arthritis              |   |

How would you prefer to receive this information?

- |  |  |
|--|--|
| <input type="checkbox"/> Seminar (lunch & learn) | <input type="checkbox"/> web site referral                                 |
| <input type="checkbox"/> Printed material        | <input type="checkbox"/> I am not interested in receiving this information |
| Other _____                                      |  |

## Wellness Activities

How likely would you be to participate in each of the following activities if the Employee Wellness Committee sponsored them?

0 = Not likely

1 = Somewhat likely

2 = Highly likely

- |   |  |
|---|--|
| <input type="checkbox"/> Chair Massage  | <input type="checkbox"/> Stress management programs            |
| <input type="checkbox"/> Weekly or monthly physical activity classes  | <input type="checkbox"/> Monthly healthy lifestyle workshops   |
| <input type="checkbox"/> Weight management class  | <input type="checkbox"/> Cooking class/demonstration           |
| <input type="checkbox"/> Walking program  | <input type="checkbox"/> Confidential fitness/body fat testing |
| <input type="checkbox"/> CPR training   | <input type="checkbox"/> Confidential health screening         |
| <input type="checkbox"/> Self-care for specific medical conditions<br>(i.e. back care or diabetes management) | <input type="checkbox"/> Safety/accident prevention            |
| <input type="checkbox"/> Alcohol/drug abuse education   | <input type="checkbox"/> Tobacco cessation classes             |
| <input type="checkbox"/> Other: _____   | <input type="checkbox"/> Nutrition education programs          |
| <input type="checkbox"/> Complementary medicine lectures (i.e. herbs, supplements)                            |  |

**What type of programs or incentives offered at/through work would motivate you to make a change in your health behavior?**

**What barriers would keep you from participating in wellness activities offered by the Employee Wellness Committee?**

- |   |  |
|---|--|
| <input type="checkbox"/> None                                   | <input type="checkbox"/> Don't like what is offered            |
| <input type="checkbox"/> Job is too demanding                   | <input type="checkbox"/> Don't want to sweat at work           |
| <input type="checkbox"/> Lack of support from direct supervisor | <input type="checkbox"/> Lack of support from upper management |
| <input type="checkbox"/> Other: _____                           |  |

## Nutrition

**If you would like to participate in nutrition workshops, what topics would you like to see addressed?**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Carbohydrates       | <input type="checkbox"/> Protein            | <input type="checkbox"/> Fat                           |
| <input type="checkbox"/> Vitamins/Minerals   | <input type="checkbox"/> Vegetarian cooking | <input type="checkbox"/> Quick & healthy cooking       |
| <input type="checkbox"/> Recipe modification | <input type="checkbox"/> Eating out         | <input type="checkbox"/> Holidays/parties/buffets/etc. |
| <input type="checkbox"/> Cooking with kids   | <input type="checkbox"/> Cooking for one    | <input type="checkbox"/> Fad Diets                     |
| <input type="checkbox"/> Supplements         | <input type="checkbox"/> Other              |  |
| <input type="checkbox"/> Reading food labels |   |  |

## Physical Activity

**Would you be interested in receiving information about local races and other physical activity events/opportunities outside of work?**

- ☐ Yes
- ☐ No

**If you would like to participate in physical activity classes, what activities would you like to see offered?**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Low-impact aerobics   | <input type="checkbox"/> Yoga             | <input type="checkbox"/> Stretching        |
| <input type="checkbox"/> Kickboxing  | <input type="checkbox"/> Ski Conditioning | <input type="checkbox"/> Strength Training |
| <input type="checkbox"/> Pilates   | <input type="checkbox"/> Tai Chi          | <input type="checkbox"/> Exercise Ball     |
| <input type="checkbox"/> Boot Camp   | <input type="checkbox"/> Self Defense     | <input type="checkbox"/> Circuit Training  |
| <input type="checkbox"/> Abs and Back  | <input type="checkbox"/> Walking Club     | <input type="checkbox"/> Other             |
| <input type="checkbox"/> Arthritis exercise class (proven to lessen pain and increase mobility if attended twice per week) |   |  |

What is the likelihood that you would participate in a self-management program (for 2 hours twice per week) designed to assist with chronic disease conditions (arthritis, asthma, high blood pressure, pre-diabetes, cancer, depression, osteoporosis, cardiovascular disease, etc.)?

- ☐ Highly likely
- ☐ Likely
- ☐ Not very likely
- ☐ Highly unlikely

**What would motivate you to use the stairs more often? (i.e. reminders)**

**Would you like information about corporate memberships to health clubs or recreation centers?**

☐ Yes ☐ No

**If you were to receive information about activities, health topics, news or tips about healthy choices, what would be your preferred way to receive that information? (select one)**

- ☐ Dedicated bulletin board
- ☐ Weekly e-mail tips
- ☐ Weekly Broadcast
- ☐ Flyer
- ☐ Intranet
- ☐ Dedicated Employee Wellness website
- ☐ At staff meetings
- ☐ Other \_\_\_\_\_

Please contact [insert contact information for survey coordinator] or via email if you would like to be placed on the Employee Wellness Email list.

Would you be willing to pay a small fee for various workshops?    \_\_\_ Yes    \_\_\_ No

## Environment

If you could add one healthy food option to the cafeteria, what would it be?

If the cafeteria offered more healthy food choices how likely would you be to eat there?

\_\_\_ Much more likely

\_\_\_ More likely

\_\_\_ As likely

\_\_\_ Less likely

If you could change one thing about a policy or the physical environment at [insert organization] that would enhance your health, what would it be?

## Other Interests/Suggestions

Please list any positive or negative comments regarding the impact of the current Wellness Program.

Please list any further suggestions on how the [insert wellness program title] can improve the current program or suggestions on programs you would like to see implemented.

*Thank you for your help in completing this survey!*