

Health Links Employee Needs & Interest Survey

* 1. Please let us know what business/organization you work for

Business/Organizaton

Who do you work for?

Other (please specify)

Please indicate how likely you would be to participate in each of the following programs if they were offered at work during the next year.

2. Health Screening

	Extremely	Likely	Somewhat	Unlikely
BMI (height and weight)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cholesterol Levels	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood Sugar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cardiovascular	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

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3. Educational Programs

	Extremely	Likely	Somewhat	Unlikely
Nutrition, Fitness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Back Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work-Life Balance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco Cessation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weight Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart Disease Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New Families (new mother policies and programs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safe Workplace Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cold / Flu Prevention and Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

4. Fitness Programs

	Extremely	Likely	Somewhat	Unlikely
Corporate Gym Membership Rates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On-site Fitness Classes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yoga Classes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walk-Fit Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

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5. Employee Assistance Programs

	Extremely	Likely	Somewhat	Unlikely
Mental Health Counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job Stress Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parenting Difficulties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing Chronic Health Conditions (diabetes, hypertension...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing Chronic Pain (neck and shoulder injuries, back injuries)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="text"/>			

6. How likely would you be to participate in health & safety programs if we offered incentives?

- ☐ Extremely
- ☐ Likely
- ☐ Somewhat
- ☐ Unlikely

Other (please specify)

7. What type of incentives would you like to see?

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8. Please indicate how likely you would be to participate in health promotion programs during the following times:

	Extremely	Likely	Somewhat	Unlikely
Before Work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During Work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After Work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. ANY OTHER INTEREST OR SUGGESTIONS (PLEASE SPECIFY) Please list any positive (or negative) comments regarding the impact of the current Wellness Program. Include how this program may have affected you personally. List any suggestions on how we can improve the current program or things you would like to see implemented. Your input is an **IMPORTANT** element to the success of our program.