

Thank you for taking the time to take our survey! Please read this brief overview before you begin.

As a county, we are exploring the possibility of developing an employee worksite wellness program and would like to learn about your interests in health promotion and related activities to build a program that best supports the needs of our workplace.

About this survey:

- The survey is 22 questions long and should take you no longer than 5-7 minutes
- Your answers will be kept strictly anonymous. All responses will be sent to a 3rd party administrator who will compile a final report for our county to ensure your confidentiality

Thank you for your feedback, we look forward to working with you to build a culture of health and safety in our workplace!

Employee Demographics

1 Tell Us About Yourself

☐ Male

☐ Female

2 Age Group

3 Education Level

4 Which Department Do You Work In?

Other (please specify)

Health Habits

5

Using the following scale, please rate your overall health

Not at all healthy	Somewhat unhealthy	Healthy	Very Healthy
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6

In which of the following categories would you place yourself?

- ☐ I have maintained a healthy lifestyle over the past year
- ☐ I have made some health behavior changes but I still have trouble following through
- ☐ I am planning on making a healthy behavior change within the next 30 days
- ☐ I have been thinking about changing some of my health behaviors
- ☐ I'm not interested in pursuing a healthy lifestyle

7

To what extent do you agree or disagree with the following statements?

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
I think that good nutrition can contribute to better productivity at work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think that regular physical activity can contribute to better productivity at work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I engage in 30 minutes or more of physical activity (including walking) most days of the week.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It's hard for me to get as much exercise as I should.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Strongly Disagree Somewhat Disagree Somewhat Agree Strongly Agree

I visit my primary care doctor or other health care provider on an annual basis.

☐☐☐☐

I usually get the recommended 8 hours of sleep a night.

☐☐☐☐

I take regular breaks during a typical day.

☐☐☐☐

I feel supported by my manager to make healthy decisions.

☐☐☐☐

I feel supported by my work environment/culture to make healthy decisions.

☐☐☐☐

I am satisfied with my current state of health.

☐☐☐☐

8

When do you most often take breaks during the day?

- ☐ Morning
- ☐ Afternoon
- ☐ Lunch
- ☐ I don't take breaks during the work-day
- ☐ Other (please specify)

9

If you take breaks during the work-day, how do you typically spend your time during breaks? *Select all that apply.*

	During AM/PM Breaks	During Lunch
Taking a Walk	<input type="checkbox"/>	<input type="checkbox"/>
Eating a Snack	<input type="checkbox"/>	<input type="checkbox"/>
Smoking a Cigarette or using Tobacco Products	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

Tobacco
Cessation

10 To What Extent Do You Agree or Disagree With the Following Statements

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
I experience secondhand smoke in the workplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have used tobacco or nicotine products (including e-cigarettes) in the past 30 days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I use tobacco products during my breaks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11 I would like free or low cost information about quitting smoking or other tobacco use

- ☐ Yes
- ☐ No

12 I have tried to quit smoking or using tobacco products in the past year.

- ☐ Yes
- ☐ No

13 How many times have you tried to quit smoking in the past year?

14

What types of tobacco products do you use?

- ☐ Cigarette
- ☐ Electronic Cigarettes
- ☐ Cigars
- ☐ Chew/Dip/Snuff
- ☐ I don't use tobacco products

Please Rate Your Interest in the Following Health Topics

	Not At All Interested	Not Very Interested	Interested	Very Interested
Allergies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Back Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood Pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic Disease Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial Advising	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthy Cooking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthy Eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical Self-Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Men's Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New Families (new parent policies and programs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Activity	<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"/>
Smoking Cessation/Tobacco	<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"/>
Understanding Health Insurance	<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"/>
Women's Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Workplace Ergonomics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

16

How Interested Are You In Participating in the Following Activities?

	Not At All Interested	Not Very Interested	Interested	Very Interested
Group Events in the Community (e.g. Heart Walk)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Fair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Screenings (e.g. blood pressure)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Online Program (e.g. webinar, Activity Tracker, MyFitness Pal, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In-Person Single Session Workshops (e.g. healthy eating one-hour classes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

17

If you were to receive information about activities, health topics, news or tips about healthy choices, what would be your preferred way of getting information?

- ☐ A dedicated bulletin board
- ☐ In a flyer distributed with paychecks
- ☐ Email tips
- ☐ On website or social media sites
- ☐ Discussion at staff meetings
- ☐ Wellness Newsletter
- ☐ Other (please specify)

18

Would you participate in wellness programs and activities if incentives were offered?

- ☐ Yes
- ☐ No
- ☐ I have no interest in participating in programs with or without an incentive

19

What incentives would motivate you to participate in wellness programs and activities?

Please know that these questions are being asked to gain interest and ideas of employees, we may not be able to offer everything listed below.

- ☐ Money to use toward exercise classes, health club memberships, or exercise equipment
- ☐ Monetary prizes, awards and raffles
- ☐ Discounted health insurance
- ☐ Gift certificates
- ☐ Work time to attend wellness activities
- ☐ I don't think incentives would motivate me to participate
- ☐ Paid Time Off
- ☐ Other (please specify)

20

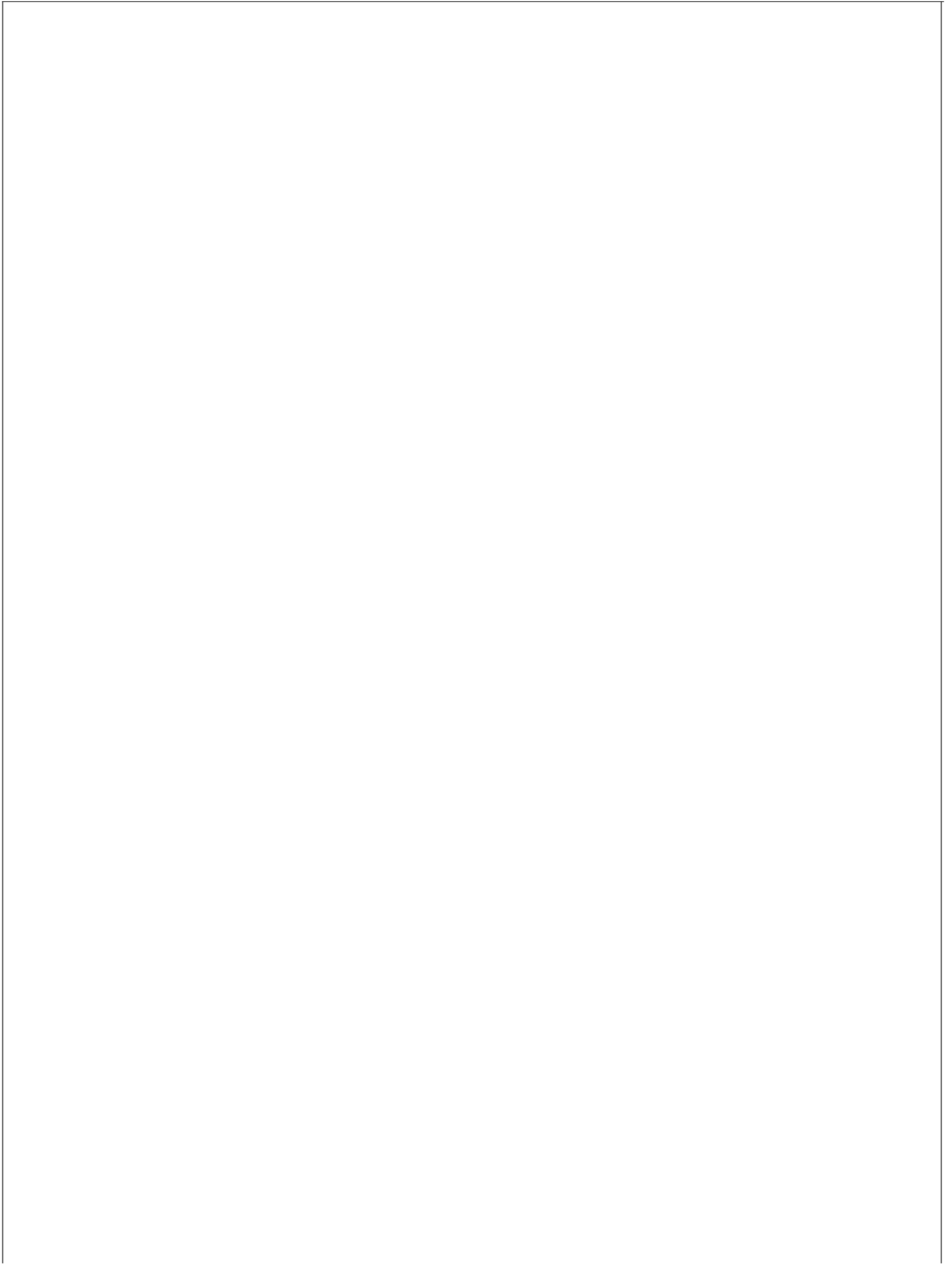
What barriers would keep you from participating in wellness activities? (Check all that apply)

- ☐ Inconvenient Time
- ☐ Inconvenient Location
- ☐ Privacy: My employer should not be involved in my personal health
- ☐ Confidentiality: I am concerned others will know about my personal health
- ☐ Lack of management support for activities
- ☐ Lack of time: I feel pressured to get my work done
- ☐ My job duties do not allow me to participate
- ☐ I'm just not interested
- ☐ I don't like what is offered
- ☐ Other (please specify)

21

Would you like to be on a wellness committee?

- ☐ Yes
- ☐ No



22

Thank you for your interest in joining the wellness committee! Please add your name and email address below and we'll contact you with more information.

This response will be detached from the rest of your survey responses to ensure your answers remain confidential.

Entry for
Incentive

Please fill out the following information before July 1 to be entered into a drawing for a \$25 gift card. This page will be detached from the rest of the survey so that your responses remain anonymous and confidential.

Thank you!

23

Name

24

Email Address