**Sample Employee Survey – Starter Draft**

We would like to learn about your interest and needs in employee wellness activities and programs. Please take a few minutes to complete this survey. Your responses will be used in planning worksite wellness programs for [YEAR]. All survey responses are anonymous.

What type(s) of health resources/programs would you like offered for employees?

(Check all that apply)

◻ Healthy group lunches/potlucks

◻ Walking challenges

◻ Healthy work lunch/snack recipes

◻ Sports sessions or leagues

◻ Health screening (example: biometrics, blood pressure screening)

◻ Online programs (example: webinar, weight management program)

◻ Take the Stairs! Challenge

◻ Yoga classes/stretching sessions

◻ Stress relief sessions

◻ Financial wellness workshops

◻ Work-sponsored marathons/fitness challenges

◻ Multi-week group programs (example: weight or stress management programs)

◻ Dedicated relaxation break room

◻ Other(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What type(s) of non-profits or causes would you be interested in volunteering for?

(Check all that apply)

◻ Food Pantries/Hunger

◻ Nature Restoration or Clean Up

◻ Pets and Animals

◻ Local Community

◻ Arts and Culture

◻ Children and Youth

◻ Military Appreciation

◻ Education

◻ Homelessness and Housing

◻ Seniors or People with Disabilities

◻ Advocacy and Humans Rights

◻ Health and Medicine

What time of day would be best for you to participate in a wellness activity?

(Check only one)

◻ Before work

◻ During lunch

◻ After work

◻ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which of the following incentives would increase your likelihood to participate in wellness activities? (Check all that apply)

◻ Financial rewards (cash, gift cards, lower cost in health insurance)

◻ Days/hours off (paid time off)

◻ Free food at the program

◻ Small gifts

◻ Raffles for gifts or financial rewards

◻ I would participate without an incentive.

◻ I would not participate even with an incentive.

◻ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you support any of the following? (Check all that apply)

◻ Policy encouraging healthy foods and beverages for meetings and celebrations

◻ Policy encouraging walking meetings when applicable

◻ Policy supporting lactation accommodation

◻ Safe, accessible and inviting stairwells

◻ Safe, accessible walking routes (indoors or outdoors)

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.

In an average week, how often do you eat vegetables?

◻ Never

◻ 2-3 times per week

◻ 3-4 times per week

◻ 4-5 times per week

◻ Frequently; at least once per day

In an average week, how often do you eat fruits?

◻ Never

◻ 2-3 times per week

◻ 3-4 times per week

◻ 4-5 times per week

◻ Frequently; at least once per day

On average, how long do you sit throughout the work day (i.e. at desk, in meeting, etc.)?

◻ 0-2 hours

◻ 3-4 hours

◻ 5-6 hours

◻ 7 hours or above

On average, how much physical activity do you get during the work day (i.e. walking at lunch, etc.)?

◻ 0-5 minutes

◻ 5-15 minutes

◻ 15-30 minutes

◻ 30-60 minutes

◻ Greater than 60 minutes

On a typical work day, where does your lunch come from?

◻ Prepared from home

◻ Prepackaged from store, vending or kiosk

◻ Dining out (i.e. fast food or sit down)

On a typical work day, where do you eat lunch?

◻ At desk

◻ In break room

◻ At restaurant

◻ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On an average day, how many cups (8 oz.) of water do you drink? *\*Note: a standard water bottle is 16.9oz*

◻ None

◻ 1-3 cups

◻ 4-7 cups

◻ 8 or more cups

◻ Don’t know/Not sure

**Select one response for each statement below:**

**1** = Not at all likely **2** = Not very likely **3** = Somewhat likely **4** = Very likely **N/A** = Not applicable

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I am satisfied with my current state of health. | 1 | 2 | 3 | 4 | N/A |
| I am ready to take steps to improve my health and lifestyle behaviors. | 1 | 2 | 3 | 4 | N/A |
| I think of my health when deciding what to eat. | 1 | 2 | 3 | 4 | N/A |
| I eat breakfast every day. | 1 | 2 | 3 | 4 | N/A |
| I buy healthy snacks when they are available such as whole grain crackers, cereals, fresh fruit, low-fat or non-fat yogurt, mixed nuts, dried fruit, etc. | 1 | 2 | 3 | 4 | N/A |
| Most nights of the week, I get 7-9 hours of sleep. | 1 | 2 | 3 | 4 | N/A |
| If there were organized fitness activities like walking, stretching or yoga during scheduled breaks, I would participate. | 1 | 2 | 3 | 4 | N/A |
| I would attend health and wellness educational sessions during lunch time once a month if they pertained to me. | 1 | 2 | 3 | 4 | N/A |
| I make time for 30 minutes of physical activity most days of the week. | 1 | 2 | 3 | 4 | N/A |
| I want to quit tobacco/nicotine. | 1 | 2 | 3 | 4 | N/A |
| I would participate in a tobacco/nicotine cessation program if incentives are offered to quit. | 1 | 2 | 3 | 4 | N/A |

**Select one response for each statement below:**

**1** = Strongly disagree **2** = Disagree **3** = Neutral **4** = Agree **5** = Strongly agree

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I feel supported by my coworkers. | 1 | 2 | 3 | 4 | 5 |
| I feel supported by my manager(s). | 1 | 2 | 3 | 4 | 5 |
| My co-workers positively influence my health. | 1 | 2 | 3 | 4 | 5 |
| My manager(s) positively influence my health. | 1 | 2 | 3 | 4 | 5 |
| My workplace makes an effort to improve my health at work. | 1 | 2 | 3 | 4 | 5 |

Tell us about yourself:

◻ Male ◻ Female

Age group:

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

Please rate your current health status:

◻ Excellent ◻ Very good ◻ Good ◻ Fair ◻ Poor ◻ Not sure

Are you interested in participating on the Wellness Committee?

◻ Yes ◻ No

If you selected yes, please provide your name and email here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional suggestions for the Employee Wellness Program:

Thank you for your feedback!

Adapted from UC San Diego, Center for Community Health. Available at:

<https://ucsdcommunityhealth.org/wp-content/uploads/2019/08/Live-Well-@-Work-Employee-Interest-Survey.pdf>