

EMPLOYEE WELL-BEING SURVEY

Thank you for participating in the [insert your organization's name] health and well-being survey.

This survey will ask you questions about eating and hydration, physical activity, and well-being. It takes approximately [x] minutes to complete.

Your participation is voluntary, but we encourage you to participate as it will provide important information on the health of employees at [insert your organization's name]. All information collected will be treated as private and confidential.

Please complete the following survey by [insert date].

GENERAL

Age: _____ years

Height (estimate): _____ ft./in

Gender: Male Female

Weight (estimate): _____ lbs.

WELL-BEING INTERESTS

1. What are your personal health goals for the next year?

- I wish to sustain my current healthy lifestyle.
- I wish to improve my diet.
- I wish to increase my level of physical activity.
- I wish to improve my mental well-being.
- I would like to stop smoking.
- I don't currently have any well-being goals in mind.

2. Please select the following PHYSICAL well-being programs/education you are interested in:

- Corporate fitness membership rates
- Onsite yoga
- Stretching
- Walking
- Weight management
- Healthy cooking (meals & snacks)
- Immunizations
- Cancer prevention
- Heart disease prevention

- Substance abuse
- Cold/flu prevention
- Asthma
- Self-care
- Dental care
- Managing chronic conditions
- Men's health
- Women's health
- Diabetes
- Health coaching
- Massage therapy
- Smoking cessation

3. Please select the following FINANCIAL well-being programs/education you are interested in:

- Financial management
- Consumerism
- Dining-out tips
- Will/estate preparation
- Insurance and investment
- Medicare

4. Please select the following WORKPLACE well-being programs/education you are interested in:

- Home safety
- Vending machines with healthy choices
- Injury prevention
- Back safety
- Time management
- CPR/First AID
- Smoke-free workplace
- Employee Assistance Program
- Ergonomics
- Leadership training

5. Please select the following COMMUNITY well-being programs/education you are interested in:

- Volunteer day
- Charity drives
- Blood drives
- Recreational sports
- Community volunteer projects
- Farm stands

6. Please select the following MIND/SPIRIT well-being programs/education you are interested in:

- Accepting change
- Controlling anger/emotions
- Dealing with holiday stress
- Headache prevention and treatment
- Job stress management
- Meditation
- Mindfulness
- Stress and resilience

7. If you were to receive information about activities, health topics, news, or tips about healthy choices, what would be your preferred way to get that information?

- Weekly email tips
- Intranet
- Discussion at staff meetings
- Talks by experts
- Videos
- Internet resources
- Personalized health coaching
- E-bulletin board dedicated to health news and updates

8. When would you prefer these activities to occur?

- Before work
- During lunch time
- After work
- On weekends

9. How often would you attend a workplace health and well-being activity (if offered this frequently)?

- Every day
- A few times a week
- Once a week
- A few times a month
- Once a month
- Less than once a month

10. What factors would *prevent* you from participating in workplace health and well-being activities?

- Not enough time
- Not motivated
- Too expensive
- Not interested
- Out on the road/away from the worksite or office most of the time
- Other (please specify) _____

NUTRITION

- *1 serving of fruit = medium-sized apple/orange/banana or 2 apricots/kiwi fruit or ½ cup canned fruit*
- *1 serving of vegetables = ½ cup cooked vegetables or 1 cup salad vegetables*

11. How many servings of vegetables (including fresh, frozen, and canned vegetables) do you usually eat each day?

- One serving or less
- Two servings
- Three servings
- Four servings
- Five servings
- Six or more servings
- Don't eat vegetables

12. How many servings of fruit (including fresh, frozen, and canned fruit) do you usually eat each day?

- One serving or less
- Two servings
- Three or more servings
- Don't eat fruit

13. How many days of the week do you usually eat junk foods that are high in fat, salt, or sugar (such as deep fried foods, pies, pastries, chocolates, etc.)?

- None
- One day
- Two days
- Three days
- Four days
- Five days
- Six days
- Seven days

14. During working hours, how many days of the week do you usually eat junk foods that are high in fat, salt, or sugar (such as deep fried foods, pies, pastries, chocolates, etc.)?

- None
- One day
- Two days
- Three days
- Four days
- Five days
- Six days
- Seven days

15. Why do you usually choose fast food instead of something you prepared yourself? (Please check all that apply.)

- I never eat/drink fast food
- Cheaper
- More convenient
- Tastes better/good
- Availability
- The hours I work
- Makes me feel better when I am stressed
- I don't know how to prepare healthy meals to take to work
- Access to vending machines
- I cannot be bothered to bring something healthy from home
- Lack of access to kitchen/food preparation facilities

HYDRATION

16. On average, during your normal working day, how many (8 ounce) glasses of fluid (water, soft drinks, juice, milk, coffee, tea) do you consume? (Please circle one.)

1 2 3 4 5 6 7 8+

17. On average, during your normal working day, how many (8 ounce) glasses of plain water do you consume? (Please circle one.)

1 2 3 4 5 6 7 8+

PHYSICAL ACTIVITY

18. How many times a week do you usually do:

a) **20 minutes or more of vigorous-intensity physical activity that makes you sweat or puff and pant (for example, heavy lifting, digging, or jogging)?**

0 1 2 3 4 5 6 7+ times

Two 10-minute sessions count as one 20-minute session.

b) **30 minutes or more of walking (for example, walking from place to place for exercise or recreation)?**

0 1 2 3 4 5 6 7+ times

Three 10-minute sessions (or two 15-minute sessions) count as one 30-minute session.

c) **30 minutes or more of other moderate-intensity physical activity that increases your heart rate or makes you breathe harder than normal (for example, carrying light loads, slow cycling)?**

0 1 2 3 4 5 6 7+ times

Three 10-minute sessions (or two 15-minute sessions) count as one 30-minute session.

19. **How much of your total activity occurs during work hours? (Work hours include traveling to and from work.)**

- None
- Some
- Most
- All

20. **What are the reasons why you are NOT more physically active? (Please check all that apply.)**

- Too tired
- Not enough time
- Lack of facilities
- Shift work, especially nights or overtime
- Out on the road most of the time
- Not encouraged to
- No shower facilities
- Not motivated
- Not enough flexible time in work hours
- Health issues
- I am already active enough

WELL-BEING

21. The next eight questions are about how you have been feeling in the past four weeks.

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
In the past four weeks, about how often did you feel tired for no good reason?					
In the past four weeks, about how often did you feel nervous?					
In the past four weeks, about how often did you feel so nervous that nothing could calm you down?					
In the past four weeks, about how often did you feel hopeless?					
In the past four weeks, about how often did you feel restless or fidgety?					
In the past four weeks, about how often did you feel depressed?					
In the past four weeks, about how often did you feel that everything was an effort?					
In the past four weeks, about how often did you feel so sad that nothing could cheer you up?					

TIME SPENT SITTING

22. Please estimate the number of hours that you spend at your workplace on a typical day. (Please circle one.)

0 1 2 3 4 5 6 7 8 9 more than 9

23. Please estimate the number of hours that you spend sitting at your workplace, including during meal and snack breaks, on a typical day. (Please circle one.)

0 1 2 3 4 5 6 7 8 9 more than 9

24. In a typical day at your workplace, how many times do you interrupt your sitting, either by standing up, walking somewhere, or getting a drink?

- 5 times or less
- 6 to 10 times
- 11 to 20 times
- More than 20 times

25. What other health and well-being initiatives would you like to see implemented at [insert your organization's name]?

Thank you for your time.