

# Employee Well-being Interest Survey

Please take a few moments to complete this Employee Interest Survey so that we can plan wellness programs that best meet your needs and interests.

## Gender

- Male       Female

## Age Group

- 21 – 30       31 – 40       41 – 50       51 – 60       Over 60

## Would you participate in a worksite wellness program?

- Yes       No

## What is your fitness level?

- Beginner (have not exercised in some time)       Intermediate (exercise whenever I can)  
 Active (regular exercise)  
 Other \_\_\_\_\_

## What is the best time for you to participate in wellness activities?

- Before work starts       After work ends       During my lunch break  
 Other \_\_\_\_\_

## How often would you attend a workplace health & well-being activity?

- Once a week       Once a month       Less than once a month

## What would prevent you from participating in worksite wellness activities?

- Lack of time       Lack of interest       Lack of motivation       Physically unable  
 Other \_\_\_\_\_

## What are your personal health goals for the coming year?

- To sustain my current healthy lifestyle       To improve my diet  
 To increase my level of physical activity       To improve my mental well being  
 To explore new wellness activities  
 Other \_\_\_\_\_

## Which category fits you best?

- I am not interested in pursuing a healthy lifestyle
- I have been thinking about changing my health behavior
- I am planning on making a health behavior change within the next 30 days
- I have made some but need to make more health behavior changes
- I already have a healthy lifestyle

## Do you know your numbers? (Blood pressure, good/bad cholesterol, blood sugar)

- Yes  No

## What do you see as your most considerable health concern?

- Weight
- Blood pressure
- Stress
- Emotional/Mental Health
- Other \_\_\_\_\_

## In what areas have current work demands impacted your health? (Choose all that apply.)

- Physical
- Mental
- Emotional
- Nutritional
- Not applicable
- Other \_\_\_\_\_

## Please select the program topics that interest you from the list below. (Choose all that apply.)

- Health Education Seminars
- Cooking Classes
- Nutritional Information
- Weight Management
- Food Counseling
- Health Fair
- Walking Challenges
- Physical Activity
- Desk Stretching - Stretching
- Mindfulness
- Financial Well-being
- Stress Management
- Work/Life Balance
- Mental Health Info Session
- Drug & Alcohol Info Session
- Yoga
- Zumba
- Chair Massage
- Hand Massage
- Self-care
- Other \_\_\_\_\_

## Would an incentive program motivate you to participate in wellness activities?

- Yes  No  N/A (I'm already motivated)

## Would encouragement from senior management motivate you?

- Yes  No

## Please leave any comments or questions you may have.

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