

# Employee Health Promotion and Wellness Interest Survey

On behalf of the Employee Wellness Committee, thank you for taking a few minutes to complete this wellness survey. We are working with the Statewide Health Improvement Program (SHIP) to develop employee wellness opportunities to encourage staff to improve their personal health through healthy eating, physical activity, and tobacco cessation. To help our committee better understand the needs of our staff, please complete the following survey about your current health habits and your interest in health-promoting activities. With this information, we can create an employee wellness plan and utilize funding available to advance the health of our staff. Your responses are anonymous, but feel free to contact \_\_\_\_\_ with any questions.

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## 1. Are you a full-time or part-time employee?

- Full-time
- Part-time

## 2. Complete the survey of personal health habits.

|  | Already do            | Would like to do      | No interest           |
|--|-----------------------|-----------------------|-----------------------|
| I exercise vigorously at least 20 minutes three or more times each week. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I do not smoke cigarettes or use other tobacco products.                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I avoid eating too much fat.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I avoid eating too much sugar.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I make half of my meal plate fruits and vegetables.                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I eat breakfast regularly.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I rarely feel stressed.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have my blood pressure checked annually.                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I drink 6-8 glasses of water every day.                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I do not drink regular soda or other sugar-sweetened drinks.             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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## 3. Please indicate your current level of interest in the following:

|   | High interest         | Potential interest    | No interest           |
|---|-----------------------|-----------------------|-----------------------|
| Designated 1 mile walking paths on/around worksite                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Bicycles for staff use (to appointments or during breaks)                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Tobacco/smoking cessation classes   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Biometric Screenings (blood pressure, cholesterol, glucose, BMI, etc.)          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Advanced Health Screening (heart, vascular or lung screen)                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Developing a personal fitness plan  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| On-site fitness center (mats, resistance bands, weights, DVDs, stability balls) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| On-site fitness classes (yoga, aerobics, strength)                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Group Walking Program (meet weekly after work to walk/run)                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Employee Physical Activity Competitions (ex. Biggest Loser)                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Employee Healthy Eating Competitions  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 30 min Classes: Healthy Eating Tips, Cooking/Prep, Meal Planning                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Stress Management Class   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| On-site Weight management program (ex. Sanford Profile, Weight Watchers)        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Diabetes Management class   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 30 min class: Preventing heart disease and stroke                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Increased compliance with tobacco-free policies                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Designated, private, secure room for nursing moms to pump                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Walk to Work Day (park at a designated location and                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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walk from that point)

Healthy Food Day- potluck  
to share healthy recipes

Mobile fruit and vegetable  
market on-site monthly

CSA Shares delivered on-  
site

Fruits/vegetables stocked  
on-site (pay by honor  
system)

Yoga balls on-site (check  
out- take to desk)

Other (please describe a health or wellness activity that you would find beneficial)

## 4. For employees who smoke,

**How likely are you to make a serious attempt to quit during the next six months?**

- Not at all likely
- Not very likely
- Somewhat likely
- Very likely

## 5. For employees who smoke,

**How willing are you to use quit medications (such as the nicotine patch) if you could get them for free?**

- Not at all likely
- Not very likely
- Somewhat likely
- Very likely

## 6. How would you prefer competitive wellness programs to be arranged?

- Individual competition
- Team competition
- No preference

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## 7. What is the best time of day to schedule a 30 minute health or wellness class?

- Morning
- During lunch breaks
- Afternoon
- Evening

Feel free to comment on specific times.

## 8. What kind of incentives would motivate you to participate in a healthy eating/active living challenges or activities?

- Pool pass (aqua aerobics or open swim)
- Discount on fitness center membership
- Gift certificate for fitness class (Studios on 5th, YMCA, etc.)
- Massage certificate
- Certificate to sporting goods store (Scheels, Gander Mountain, Center Sports, etc.)
- Gas card
- Farmers Market certificate
- Grocery certificate for fruits & veggies
- Fit Bit Band
- Large water bottle
- Pedometer

Do you have other incentive ideas?

## 9. Are you interested in being part of the employee wellness committee?

- Yes, I'm interested. I would like more information.
- No, I'm not interested.