

Wellness Survey

Dear Employee,

We would like to gather input about your needs and interest in a worksite wellness program.

This survey is being sent to all employees at
Your participation in this survey is voluntary and all answers will be kept anonymous. The results from the survey will support the planning, implementation and evaluation of a worksite wellness program.

In order to create and maintain a program to fit the needs and interests of our employees, participation is highly encouraged and appreciated.

Thank you for giving us your input.

Which age category best describes you?

- Under 18
- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 or over

How would you rate your overall health compared to other people your age?

- Excellent
- Very Good
- Good
- Fair
- Poor

How often do you eat foods that are high in fiber (fruits, vegetables, beans, whole-grain breads, cereals, and pasta)?

- Less than once a week
- Once a week
- Several times a week
- Once a day
- Several times a day

Are you satisfied with your eating habits?

- Yes, I am satisfied with my eating habits.
- No, but I am working on making changes to my eating habits.
- No, but I intend to start making changes to my eating habits within the next 6 months.
- No, I have tried to make changes to my eating habits in the past, but have been unsuccessful.
- No, and I am not planning to change my eating habits.

On average, how often do you engage in physical activity for 30 minutes or more?

- Never
- 1 to 2 days per week
- 3 to 4 days per week
- 5 to 6 days per week
- Every day

Which of the following best describes your level of physical activity?

- Light – an example includes walking that does not increase breathing or heart rate
- Moderate – examples include brisk walking, cycling or jogging that causes some increase in breathing or heart rate
- Vigorous – examples include heavy lifting, running or aerobics that cause a large increase in breathing or heart rate
- I am not physically active

Are you satisfied with your current level of physical activity?

- Yes, I am satisfied with my level of physical activity.
- No, I am working on increasing my level of physical activity.
- No, but I intend to start increasing my level of physical activity within the next 6 months.
- No, I have tried to increase my level of physical activity in the past, but have been unsuccessful.
- No, and I am not planning to increase my level of physical activity.

Which of the following best describes your current smoking status?

- I currently smoke.
- I have never smoked.
- I am a former smoker.

If you are a former smoker, when did you stop smoking?

- During the past 6 months
- During the past year
- Over 5 years ago

How many alcoholic beverages do you drink in a typical week?

- None
- 1 to 7 drinks
- 8 to 14 drinks
- 15 to 21 drinks
- More than 21 drinks

If you drink alcohol, how do you feel about making changes to your consumption?

- I am satisfied with my use of alcohol.
- I am currently decreasing my alcohol consumption.
- I intend to start decreasing my alcohol consumption within the next 6 months.
- I have tried to decrease my alcohol consumption in the past, but have been unsuccessful.
- I am not planning to decrease my alcohol consumption.

How would you describe your stress level on an average day?

- None
- Low
- Moderate
- High

On average, how many hours of sleep do you get each night?

- 8 or more
- 6 to 7
- 4 to 5
- Less than 4

Do you complete the preventative exams recommended for your gender, age, etc.? (e.g. annual physical, mammogram, colonoscopy, dental exams, eye exams)

- Yes, I complete all the recommended preventative exams.
- I complete some of the recommended preventative exams.
- No, I do not complete all the recommended preventative exams.

Below is a list of wellness topics. Please indicate how interested you would be in learning more about the following wellness topics:

Topic	Not Interested	Somewhat Interested	Interested	Very Interested
Adolescent Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aging Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol Consumption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood Pressure Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold/Flu Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disease Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ergonomics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injury Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking Cessation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violence Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weight Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work/Family Balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other areas of interest:

Which of the following ways do you prefer to receive health information at work? (Check all that apply)

- Printed materials (pamphlets, newsletters, magazines, etc.)
- Classes or workshops
- Health screenings
- Discussion groups
- Talks by experts (seminars)
- One-on-one counseling
- Contests and incentive programs
- Online

