

SAMPLE – TO BE ADAPTED FOR YOUR WORKSITE

Employee Wellness Needs & Interest Survey

Dear Fellow Employees,

The purpose of this survey is to obtain employee input to Develop/ expand our worksite health promotion program. The survey includes questions on your needs, interests, and other pertinent information to be used in deciding what programs to offer and when to offer them.

- There is neither a right nor wrong answer on this survey.
- Feel free to skip any sections in which you feel uncomfortable supplying answers.
- This survey is completely anonymous.

Thank you for your participation and support.

This survey is to be completed by ??/??/??

Please contact _____ at _____ for further information.

Instructions: Please indicate how likely you would be to participate in each of the following programs if they were offered at your worksite.

I. Educational Programs

	Extremely	Likely	Somewhat	Unlikely
1. Stress Management	A	B	C	D
2. Cancer Prevention	A	B	C	D
3. Injury Prevention	A	B	C	D
4. Healthy Cooking Demonstrations (snacks and meals)	A	B	C	D
5. Healthy Eating	A	B	C	D
6. Smoking Cessation	A	B	C	D
7. Weight Management Program (diet and exercise)	A	B	C	D
8. Exercises to Complete at Your Desk	A	B	C	D

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9.	Time Management	A	B	C	D
10.	Emergency Response (Preparation for Natural and Manmade Disasters)	A	B	C	D

II. Health Programs

		Extremely	Likely	Somewhat	Unlikely
1.	Reduction in Gym Member Fees	A	B	C	D
2.	Exercise Tolerance (STRESS) Testing	A	B	C	D
3.	On-site Exercise Classes (Yoga, Zumba, etc.)	A	B	C	D
4.	Stretching Programs	A	B	C	D
5.	Walking Program	A	B	C	D
6.	Bike to Work Program	A	B	C	D
7.	Organized sports (softball, baseball, bowling, etc.)	A	B	C	D
8.	Water Challenges	A	B	C	D
9.	Team Building	A	B	C	D

III. Other Wellness Options

		Extremely	Likely	Somewhat	Unlikely
1.	Yoga Balls in Place of Office Chairs	A	B	C	D
2.	Walk and Talk Meetings	A	B	C	D
3.	Bike Racks to be Placed in Buildings	A	B	C	D
4.	Flextime Opportunities for Breast Feeding	A	B	C	D

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Instructions: Please indicate how likely you would be to participate in health promotion programs during the following times.

	Extremely	Likely	Somewhat	Unlikely
1. Before Work	A	B	C	D
2. During Lunch at Work	A	B	C	D
3. After Work	A	B	C	D

IV. Additional Suggestions

Please use the space below to list further health programming you would like to participate in:

Your input is an important element to the success of worksite wellness programming. Please use the space below to list comments, ideas or suggestions regarding further worksite wellness initiatives.

Thank You for Completing this Survey!

Please Return this Survey to _____.