

Employee Wellness Survey I

We are considering the development of an employee wellness program and would like to learn more about your interests in wellness and health.-related activities. Your responses will be used in planning the program and deciding what types of activities should be included.

Please take a few minutes to complete this survey. Since we want to keep individual survey information confidential. please do not put your name on it.

1. Sex: ___ Male ___ Female
2. Age Group: ___ Under 21 ___ 21-30 ___ 31-40 ___ 41-50
 ___ 51-60 ___ Over 60

3. Check any of the following that apply regarding your current health habits:

Yes No

Exercise

- ___ ___ I exercise vigorously for at least 20 minutes three times a week.
- ___ ___ I exercise once in a while.
- ___ ___ I rarely exercise.

Eating

- ___ ___ I usually eat three nutritious meals daily.
- ___ ___ I often eat on the run, dropping meals.
- ___ ___ I avoid eating too much fat.
- ___ ___ I make an effort to eat enough high fiber foods.
- ___ ___ I like a lot of salt on my food.
- ___ ___ I eat breakfast every day.

Weight

- ___ ___ I am about the right weight.
- ___ ___ I would like to lose weight.
- ___ ___ I am more than 20 pounds over my ideal weight.

Sleep

- ___ ___ I usually get a good night's sleep.
- ___ ___ I average at least two nights of inadequate sleep per week.
- ___ ___ I often have trouble getting enough sleep.

Smoking/Alcohol/Drugs

- ___ ___ I regularly smoke cigarettes.
- ___ ___ I have at least three drinks daily containing alcohol.
- ___ ___ I sometimes drive after drinking alcohol.
- ___ ___ I avoid drinking too many caffeinated drinks.
- ___ ___ I regularly use tranquilizers and similar drugs.

Other

- ___ ___ I regularly practice some type of stress management.
- ___ ___ I have had lower back pain in the last six months.
- ___ ___ I usually consult a medical self-care book when I am sick.

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4. List any health concerns you have about yourself or your family:

5. Would you like the organization to conduct a wellness program?

Yes No Don't know

6. In which of the following activities would you consider participating?

Yes **Maybe**

Aerobic exercise
 Weight management
 Smoking cessation
 Confidential health
screening
 Coping with stress
 Alcohol/drug abuse
education
 Safety /accident
prevention
 Parenting
 Walking program
 Other, please specify _____

Yes **Maybe**

Other exercise
 Health fair
 Blood test for
cholesterol
 Cancer screening
 CPR training
 Regular wellness
presentations
 Retirement
planning
 Back pain
 Medical self-care

7. When would you most likely participate? (Please check all that apply.)

Monday Spring A.M., before lunch
 Tuesday Summer Lunchtime
 Wednesday Fall P.M., after work
 Thursday Winter Evening
 Friday Other, specify _____

8. Where would you be most likely to participate? (Check as many as apply.)

Worksite School YMCA/YWCA Private Health Club

9. Would you be willing to share the cost of participating in these programs?

Yes No

10. Any additional comments: _____

Thank you for your help in completing this survey.

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