

# Employee Interest Survey

Thank you for completing this survey. Your responses will give your worksite wellness committee insight into the types of activities that interest you. Participation in this survey is voluntary, and you do not need to respond to any of the questions that you do not wish to answer. The survey will take about five minutes to complete. The information you provide on this survey will only be shared with the wellness committee, unless you give written permission or it is combined with the responses of others so that individual level information is impossible to ascertain.

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## **Wellness Questions**

What statement best describes your current level of physical activity? (choose one)

- I don't exercise or walk regularly now, and I don't plan to start in the near future.
- I don't exercise or walk regularly, but I've been thinking about starting.
- I'm doing moderate or vigorous physical activities for at least 30 minutes on some days, but fewer than 5 days a week.
- I've been doing moderate or vigorous physical activities for at least 30 minutes in a day, on five or more days a week, and have been doing it for the last 0 to 6 months.
- I've been doing moderate or vigorous physical activities for at least 30 minutes in a day, on five or more days a week, and have been doing it for 7 months or longer.

When do you get most of your physical activity each day? (choose one)

- Before work
- During work hours on break and lunch times
- After work
- On the weekends
- None of the above

Select the statement that best describes your current intake of 100% juices and fresh, frozen and/or dried fruits and vegetables.

- I don't eat fruits and vegetables regularly now, and I don't plan to start in the near future.
- I don't eat fruits and vegetables regularly now, but I've been thinking about starting.
- I'm eating some fruits and vegetables a day (total of 2 servings or less)
- I've been eating fruits and vegetables every day (total of 3 or more servings) for the last 0 to 6 months.
- I've been eating 5 or more servings of fruits and vegetables every day for 7 months or longer.

Select the statement that best describes your current tobacco use.

- I don't use tobacco products
- I'm not thinking about quitting, at least not in the next six months.
- I'm thinking about quitting someday, but not right now.
- I want to quit within the next month or two, and I want to know more about how to do it.
- I have just quit and I am going through withdrawal.
- I have quit using tobacco products and I want to know more about how to never use tobacco products again.

Please rate your interest in the following activities:

	My interest is				
	Very Low	Low	Neutral	High	Very High
Back care education					
Budgeting/financial planning					
CPR/first aid training					
Cancer education/screening					
Cardiovascular health program					
Cholesterol & blood pressure education/ screening					
Communication skills training					
Company sports teams					
Diabetes education/screening					
Emotional wellness program					
Health/fitness evaluation					
Nutrition education					
Physical activity classes					
Tobacco cessation					
Stress management					
Substance abuse awareness					
Time management training					
Weight management program					
Other _____					
Not interested in any of the above					

When is the best time for you to participate in wellness activities (check all that apply):

- Before work
- During the workday on break and lunch times
- After work
- None of the above

How would you like to receive communications regarding employee health activities?

(choose one)

- Bulletin boards
- Email
- Memo
- Newsletter
- Paycheck stuffer
- Other \_\_\_\_\_
- Not interested in receiving communications regarding health activities

The following questions are OPTIONAL:

Gender:

- Male
- Female

Age:

- <20
- 20-29
- 30-39
- 40-49
- 50-59
- 60+

**Thank you for your participation in this survey.**