**Employee Interest Survey**

**Directions for Employers:**

The questions below are suggested questions to ask your employees to determine what their needs and interests are in a wellness program.

In the middle, there are two sets of questions that can also provide some outcomes information about your wellness efforts. You may add and subtract other questions, but we prefer that questions #5 and #6 are used as written.

Please ask these questions on a yearly basis, and provide the aggregate results to your SHIP Collaborative Leader. These will help us determine if SHIP is working within your organization.

A helpful hint: You might consider using Survey Monkey or other online tool to save yourself tabulation effort.

Thank you.

**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 be shared only with the wellness committee and shared in aggregate form.

**Wellness Questions**

1.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.

2. 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

3. Select the statement that best describes your current intake of100% 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.

4. 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.

5.  In the past 12 months, what effect has the health promotion program had on your health? (Check one box for each item listed at left)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Very negative effect | Negative effect | No effect | Positive Effect | Very positive effect | Don’t know |
| Morale |  |  |  |  |  |  |
| Productivity |  |  |  |  |  |  |
| Satisfaction with your job |  |  |  |  |  |  |
| Physical health |  |  |  |  |  |  |
| Mental health |  |  |  |  |  |  |

6. Please tell us to what level you agree with each statement below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly agree | Agree | Neither agree  or disagree | Disagree | Strongly Disagree |
| I would recommend my organization as a place to work. |  |  |  |  |  |
| My work environment allows me to maintain good health. |  |  |  |  |  |
| I believe my organization cares about my physical and mental health. |  |  |  |  |  |

7. Please rate your interest in the following activities:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | My interest is: | | | | |
| Activity | **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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |
|  |  |  |  |  |  |

8. 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

9. 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

10. The following questions are OPTIONAL:

Gender:

|  |  |
| --- | --- |
|  | Male |
|       Age: | Female |
|  | <20 |
|  | 20-29 |
|  | 30-39 |
|  | 40-49 |
|  | 50-59 |
|  | 60+ |

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

**Please complete by <DATE>**