

Employee Interest Survey

We care about your well-being and want to hear from you. Your voice can help shape and promote a culture of health and wellness in the workplace. Please take a few minutes to complete the survey questions below.

Tell us how you feel about health

Are you interested in improving your current health and well-being? **Yes** **No**

Are your everyday needs being met (access to food, housing, safety, transportation)? **Yes** **No**

On a scale of 1-10 (1 = no support and 10 = full support), how well do you feel the organization supports your health and well-being?

1 2 3 4 5 6 7 8 9 10

On a scale of 1-10 (1 = no interest and 10 = high interest), what is your interest level in participating in health and well-being activities at the workplace?

1 2 3 4 5 6 7 8 9 10

What elements within your workplace would help contribute towards positive health and well-being? (Select all that apply.)

<input type="checkbox"/>	Flexible schedule	<input type="checkbox"/>	Workload support from management
<input type="checkbox"/>	Personal recognition (publicly or privately)	<input type="checkbox"/>	Safety
<input type="checkbox"/>	Sense of community	<input type="checkbox"/>	Benefits
<input type="checkbox"/>	Flexible dress code	<input type="checkbox"/>	Other: (Tell us here.)
<input type="checkbox"/>	Building trust		
<input type="checkbox"/>	Authenticity and transparency		

If offered, which topics are you most interested in? (Select all that apply.)

Nutrition and healthy weight management (cooking, recipes, potlucks, etc.)	Equity, diversity, and inclusion
Physical activity	Everyday needs (food/housing/safety/transportation)
Stress management/mindfulness	Career well-being (liking what you do every day and leveraging your strengths)
Preventive health (flu vaccines, cancer screenings, etc.)	Social well-being (strong relationships, connections in your life)
Workplace safety	Financial well-being (managing your economic life)
Diabetes management	Physical well-being (having good health and enough energy to get things done on a daily basis)
Quitting smoking/tobacco	Community well-being (sense of engagement with where you live)
Understanding your health insurance	Emotional well-being (ability to manage stress and meet everyday demands)
Volunteering (gain a better understanding of volunteer opportunities at work and in the community)	Other: (Tell us here.)
Chronic pain management	
Career development	

How would you prefer to engage in health and well-being programs and activities? (Select all that apply.)

Computer/virtual seminar	Other: (Tell us here.)
In-person seminar at work	
Competitions and/or team challenges	I do not plan to participate in wellness programs at work. (Please tell us why.)
Smartphone/mobile app	
During meetings	
Health fair	
Events/classes in the community	

How would you prefer to receive communications about health and well-being offerings (activities, initiatives) at work? (Select all that apply.)

<input type="checkbox"/>	During meetings	<input type="checkbox"/>	Newsletters
<input type="checkbox"/>	Company/Union emails	<input type="checkbox"/>	eNewsletters
<input type="checkbox"/>	Company/Union website or intranet	<input type="checkbox"/>	Social media
<input type="checkbox"/>	Printed materials	<input type="checkbox"/>	Another source: i.e., co-worker or management
<input type="checkbox"/>	Text message	<input type="checkbox"/>	Other: (Tell us here.)
<input type="checkbox"/>	Mail to my home address		
<input type="checkbox"/>	Postings and handouts in common areas		

Please specify your preferred language:
Bilingual materials/resources are provided based on availability.

What's the best time for you to participate in an on-site activity? (Select all that apply.)

- Before work Mid-morning Lunchtime Late afternoon After work
 Other: (Please specify.)

How long should an on-site activity last?

- Less than 15 minutes 15 minutes 30 minutes 45 minutes 60 minutes
 Other: (Please specify.)

Do you require accommodation or accessibility support? Yes No

If yes, please specify:

(Examples include closed captioning, interpreter, accessible electronic documents, etc.)

If rewards or incentives were offered as a part of a wellness program at work, what type would you prefer? (Select all that apply.)

<input type="checkbox"/>	Cash incentive (MasterCard, Visa)	<input type="checkbox"/>	Personal recognition
<input type="checkbox"/>	Charitable donation	<input type="checkbox"/>	Contributions to HRA, HSA, etc.
<input type="checkbox"/>	Gift card (retail store, grocery store, movies, etc.)	<input type="checkbox"/>	Social opportunities focused on well-being
<input type="checkbox"/>	Merchandise (hats, water bottles, etc.)	<input type="checkbox"/>	Other: (Tell us here.)
<input type="checkbox"/>	Paid time off		
<input type="checkbox"/>	Reduced monthly charge for health care coverage		

If you're interested in supporting health and well-being in the workplace, please contact:

Optional

Our goal is to design a program that will help you achieve your health goals. If you'd like, please tell us about yourself so we can better support you.

What is your gender?

Female Male Nonbinary/third gender Prefer to self-describe Prefer not to say

What is your age?

18-24 25-34 35-44 45-54 55+

What is your race or ethnicity?

White/Caucasian	Native American
Black/African American	Other: (Please specify.)
Hispanic/Latino	
Asian/Hawaiian/Pacific Islanders	I prefer not to specify

Thank you for taking our survey. We appreciate your participation and support.