

Employee interest survey

Getting healthy can be fun and easy when you have help. That's why we want to start a program at work to help you live healthier. Let us know which health issues are important to you by completing this short survey.

Tell us how you feel about health

Are you interested in improving your current health status? Yes No

Would you participate in employer-sponsored health improvement activities at work? Yes No

Would you use interactive online tools to learn about your health? Yes No

<input checked="" type="checkbox"/>	If offered, which wellness programs and activities would you participate in at work? (Check all that apply.)	
<input type="radio"/>	Nutrition and healthy eating (cooking, recipes, potlucks, etc.)	<input type="radio"/> Walking or other physical activity groups
<input type="radio"/>	Weight management	<input type="radio"/> Quitting smoking/tobacco
<input type="radio"/>	Physical activity	<input type="radio"/> Health screenings (glucose, cholesterol, blood pressure measurement, etc.)
<input type="radio"/>	Stress reduction	<input type="radio"/> Health improvement competitions and team challenges
<input type="radio"/>	Preventive health	<input type="radio"/> Flu prevention
<input type="radio"/>	Workplace safety	
<input type="radio"/>		

<input checked="" type="checkbox"/>	How would you prefer to engage in wellness programs and activities? (Check all that apply.)	
<input type="radio"/>	Computer/virtual class	<input type="radio"/> Smartphone/mobile app
<input type="radio"/>	In-person class at work	<input type="radio"/> Lunch and learn
<input type="radio"/>	Team challenge	<input type="radio"/> During meetings
<input type="radio"/>		

<input checked="" type="checkbox"/> How would you prefer to receive health information at work?			
<input type="radio"/>	Announcements at staff meetings	<input type="radio"/>	Postings and handouts in common areas
<input type="radio"/>	Special meetings	<input type="radio"/>	Newsletters
<input type="radio"/>	Email	<input type="radio"/>	Mail to your home
<input type="radio"/>	Company website/intranet	<input type="radio"/>	Information included in pay stub
<input type="radio"/>			

<input checked="" type="checkbox"/> What s the best time for you to participate in on-site activities?	
<input type="radio"/>	Before work
<input type="radio"/>	Midmorning
<input type="radio"/>	Lunchtime
<input type="radio"/>	Late afternoon
<input type="radio"/>	After work
<input type="radio"/>	

<input checked="" type="checkbox"/> If rewards or incentives were offered for workforce health and wellness program participation, what would motivate you most to participate? (Check all that apply.)			
<input type="radio"/>	Cash	<input type="radio"/>	Charitable donation
<input type="radio"/>	Retail gift cards	<input type="radio"/>	Competition
<input type="radio"/>	Merchandise (hats, water bottles, fitness equipment, etc.)	<input type="radio"/>	Cost reimbursement (gym membership, physical activity class, etc.)
<input type="radio"/>	Paid time off	<input type="radio"/>	Decrease in health care premium
<input type="radio"/>	Contribution to HRA, HSA, etc.	<input type="radio"/>	Personal recognition
<input type="radio"/>	Social opportunities focused on wellness		
<input type="radio"/>			

<input checked="" type="checkbox"/> Are you interested in being part of the wellness committee to support a healthier workplace? If yes, please enter your contact information below.			
Name		Phone number	