

## Worksite Wellness Interest Survey

Thank you for your interest in health promotion at the workplace. We would like to learn more about your interests in wellness and health-related activities. Your responses will be used in planning new programs and activities for our employees.

1. Which of the following health concerns would you like to know more about?
  - Arthritis
  - Asthma management
  - Back care
  - Chemical dependency
  - Cold/flu prevention and treatment
  - Diabetes
  - Exercise/fitness
  - Headache prevention and treatment
  - Healthy eating
  - Heart disease prevention
  - High blood pressure management
  - Osteoporosis
  - Menopause
  - Men's health
  - Mental health
  - Smoking cessation
  - Stress management
  - Weight management
2. From which of the follow sources do you currently get most of your health information?  
(check all that apply)
  - Television
  - Radio
  - Internet
  - Newspapers
  - Magazines
  - Reference books
  - Doctors
  - Health coach
  - Health promotion programs at work

- Friends and family
- Other \_\_\_\_\_

3. There are many other ways to get health information at the worksite. Which of the following ways would you prefer? (Check all that apply)

- Pamphlets and other written materials
- Films and videos
- Talks by experts (seminars)
- Discussion groups
- Classes or courses
- Screenings
- Contests and incentive programs
- Employee Assistance Programs

4. How long should a health promotion activity last? (Check only one answer)

- Less than 30 minutes
- 30-45 minutes
- 45-60 minutes

5. If the following were offered, which would you participate in? (Check all that apply)

- Health Risk Assessment (health screening with questionnaire)
- Health screenings (blood pressure, cholesterol check etc.)
- Educational classes (one hour or multiple-sessions)
- Walking program
- Weight loss program
- Smoking cessation program
- Health and wellness information provided on the intranet
- Other \_\_\_\_\_

6. What time of the day would be best for you to participate in a health promotion activity? (Check only one answer)

- Before work
- Lunch hour
- After work
- Would not participate
- Other \_\_\_\_\_

7. Which shift do you work?

- 1<sup>st</sup> Shift (Day)
- 2<sup>nd</sup> Shift (Evening)
- 3<sup>rd</sup> Shift (Overnight)

Other \_\_\_\_\_

8. Would you be willing to cost-share with the company for some health promotion activities? (Check only one answer)

- Not interested in any health promotion activities.
- Interested, but unwilling to contribute cost.
- Interested, and willing to contribute a reasonable amount.

9. What is your age?

- Under 20 years
- 20-29 years
- 30-39 years
- 40-49 years
- 50-59 years
- 60 years and over

10. What is your gender?

- Female
- Male

11. What is your current job category?

- Hourly
- Salary

12. Please give any suggestions or recommendations for specific activities to include in the health promotion program.

13. Are there aspects of the work environment that should be changed to be more supportive of healthy lifestyles among our employees? If yes, please explain.
14. If the company decides to offer incentives to promote participation in health promotion programs and healthy behaviors, what kind of incentives would prompt you to make health behavior changes?