

Wellness Survey

The wellbeing of our employees is of utmost importance, and we at [COMPANY NAME] want to ensure we best address the areas you believe are most critical and arm you with the tools to make positive change. To do that, we need your feedback. We want to understand what you believe is being done well, and ways we can support your future wellbeing. Please take a few minutes to complete the survey. For your participation, you will be entered to win [INCENTIVE].

1. What resources do you value when it comes to your health? (please choose the top 3):

- The right doctors and specialists
- Affordable health care options
- Clean, safe and comfortable work environment
- Online options to access information and care (i.e., telehealth)
- Educational opportunities
- Mental health resources (counseling/relaxation spaces, etc.)
- Other (please specify)

2. I believe my workplace does well with (mark all that apply):

- Flexibility of scheduling and work-life balance
- On-site healthy offerings
- Cleanliness and sanitary practices that discourage the spread of illness
- The right healthcare offerings
- Convenient on-site services
- Education and training opportunities
- Other (please specify)

3. Which of the categories best describes you?

- I have no interest in/ I do not feel like I can pursue a healthy lifestyle
- I am thinking about making healthy lifestyle changes, but I don't know where to start
- I am planning on making some healthy lifestyle changes in the next few months
- I have been making healthy lifestyle changes for the past few months, but I still need some accountability and support
- I have been making healthy lifestyle changes for at least 6 months or more and feel confident I will be able to maintain these positive changes for the long term

4. I believe I would adopt healthier behaviors if (please choose the top 3):

- I had the right resources to reach out to on my own
- I was offered financial incentives for healthy practices
- I received the right educational opportunities
- I had access to healthy on-site options (i.e., healthy vending, workout space, etc.)
- The workplace offered challenges/ groups for healthy competition and support
- Other (please specify):

5. My biggest barriers to making healthy choices are (please choose the top 3):

- Too many options
- Too few options
- Trouble accessing the right resources
- Financial barriers
- Time barriers (i.e., too busy, inconvenient scheduling options)
- Lacking knowledge to make healthier choices
- Transportation
- Access to a gym or safe exercise areas
- Access to fresh produce
- Other (please specify):

6. Which of the following incentives would increase your likelihood to participate in a wellness program (select all that apply)

- Financial rewards (cash, gift cards)
- Monthly premium discount on health insurance
- Paid time off
- Small gifts
- Raffles for gifts or financial rewards
- Catered department lunches/events
- Clothing/ apparel
- Free on-site services (i.e. chair massage, fruit/ vegetable stand, etc.)
- I would participate even without an incentive
- Other (please specify)

7. Please select the top 5 programs you would be most likely to participate in:

- Workplace wellness challenges (i.e., walking challenges, fitness challenges)
- Virtual or recorded seminars & lunch and learns
- On-site seminars & lunch and learns
- Relaxation programs (i.e., meditation, massage, other)
- Healthy activities to earn incentives (i.e., gift cards, prizes)
- Wellness website
- Wellness coaching
- Health fair
- Biometric health screening
- Community programs (i.e., Red Cross programs, non-profit volunteer opportunities)
- Financial wellness programs
- Worker health & safety programs (CPR training, First Aid, ergonomics, etc.)
- Mental health programs (i.e., EAP overviews, stress management)
- On-site Fitness Opportunities
- Other (please specify):

8. Please select the top 5 topics that interest you:

- | | |
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| <input type="checkbox"/> Activity Clubs | <input type="checkbox"/> Maternity Health |
| <input type="checkbox"/> Back health | <input type="checkbox"/> Medication Management |
| <input type="checkbox"/> Cancer prevention | <input type="checkbox"/> Men's Health |
| <input type="checkbox"/> Complimentary/alternative medicine | <input type="checkbox"/> Mental and Emotional Wellbeing |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Self Care |
| <input type="checkbox"/> Digestive health | <input type="checkbox"/> Sleep |
| <input type="checkbox"/> Financial wellness | <input type="checkbox"/> Smoking cessation |
| <input type="checkbox"/> Fitness/ Exercise | <input type="checkbox"/> Stress management |
| <input type="checkbox"/> Healthy nutrition | <input type="checkbox"/> Understanding your health care plan |
| <input type="checkbox"/> Heart health | <input type="checkbox"/> Weight Management |
| <input type="checkbox"/> Interacting with your doctor | <input type="checkbox"/> Women's Health |
| <input type="checkbox"/> Intramural Sports | <input type="checkbox"/> Work-life balance |
| <input type="checkbox"/> Managing chronic conditions (i.e., diabetes, high blood pressure) | <input type="checkbox"/> Other (please specify) |

9. Please select up to 4 dimensions of wellness you feel are most important to you

- Emotional
- Physical
- Social
- Environmental
- Occupational
- Financial
- Cultural
- Spiritual
- Intellectual
- None of these

10. The best ways for me to receive wellness communications include (check all that apply):

- Email
- Posters
- Department meetings
- Webpage
- Intranet
- Newsletter
- Home mailings
- Text messaging
- Other (please specify)

11. Contact Information (optional, but must provide for a chance to win [INCENTIVE]):