

# Employee Well-being Survey Question Bank

Create a custom survey using the question guide below.

Questions 1-4 come from The Centers for Disease Control and Prevention (CDC) Quality of Life Survey. The CDC uses a set of questions called “Healthy Day Measures.” The questions are from the Health-Related Quality-of-Life (HRQOL) interview scale used extensively in survey research studies. If using these questions in your Health Assessment, the questions should be administered as written, and compared year over year. Additional information is available by visiting: [www.cdc.gov/hrqol/methods.htm](http://www.cdc.gov/hrqol/methods.htm).

**1. Would you say that in general your health is excellent, very good, good, fair or poor?**

- Excellent
- Very good
- Good
- Fair
- Poor

**2. Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good?**

- 0-4
- 5-9
- 10-14
- 15-19
- 20-24
- 25-30

**3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good?**

- 0-4
- 5-9
- 10-14
- 15-19
- 20-24
- 25-30

**4. During the past 30 days, approximately how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?**

- 0-4
- 5-9
- 10-14
- 15-19
- 20-24
- 25-30

**Any of the questions below can be utilized as deemed appropriate, to create a custom survey:**

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**5. [INSERT CLIENT] cares about the health and wellbeing of their employees**

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree
- Prefer not to answer

**6. [INSERT CLIENT] has a positive culture of wellness**

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree
- Prefer not to answer

**7. I have participated in [INSERT CLIENT] wellness programs in the past**

- Yes
- No
- Not applicable

**8. I would be interested in joining a wellness team/committee**

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree
- Prefer not to answer

**9. Our past wellness programs have helped me to understand relationships between living a healthy lifestyle and my ability to achieve personal and professional goals**

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree
- Prefer not to answer

**10. Executive leadership is committed to supporting employee health and wellness**

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree
- Prefer not to answer

**11. My supervisor is committed to supporting my health and wellness**

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree
- Prefer not to answer

**12. My coworkers support me in making healthy lifestyle choices**

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree
- Prefer not to answer

**13. I am encouraged to take work breaks as allowed in my position description**

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree
- Prefer not to answer

**14. I feel supported in stressful situations and during busy times of the year**

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree
- Prefer not to answer

**15. It is important to me that [INSERT CLIENT] provides resources and programs that will assist me in improving my health and wellness**

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree
- Prefer not to answer

**16. 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):

**17. If the following health programs or screenings were available at work, select the programs you would participate in:**

- An assessment to help you determine and understand your current health status
- Coaching to help manage a chronic condition (diabetes, high cholesterol, high blood pressure, etc.)
- Flu vaccination/ immunization
- Health education and awareness information and seminars
- Health screening to understand your numbers
- A program to encourage you to receive your annual preventive care
- Smoking cessation classes or coaching
- Workplace challenges

**18. 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)

**19. 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)

**20. Please select the top 5 topics that interest you:**

- |  |  |
|--|--|
| <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)              |

**21. Please select the style of programming you would prefer to participate in:**

- Email
- Group onsite (in-person)
- Individual onsite (in-person)
- Online (computer based)
- Telephonic
- Other (please specify)

**22. I am most likely to participate in a program:**

- Before work
- During my lunch hour
- After work
- As part of a meeting/workplace training
- I am not likely to participate

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

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

**24. How often would you be willing to participate in wellness activities (select all that apply)?**

- Monthly
- Bimonthly (every other month)
- Quarterly
- Semi- Annually (twice per year)
- Annually
- I do not plan to participate

**25. How often do you think you would interact with an online wellness platform (select all that apply)?**

- Daily
- Weekly
- Monthly
- Quarterly
- Only when there is a challenge or wellness campaign in progress
- I would not interact with the platform

**26. Overall, I am satisfied with the [VENDOR] wellness portal**

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree
- Prefer not to answer

**27. I have taken advantage of the wellness portal in the past year**

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree
- Prefer not to answer

**28. I have a clear understanding of the portal and how to earn my incentive**

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree
- Prefer not to answer

**29. I saw an improvement with the portal program over time**

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree
- Prefer not to answer

**30. The portal offers a variety of educational options**

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree
- Prefer not to answer

**31. What motivates you to be active (select all that apply)?**

- It makes me feel better
- It improves my mood
- It helps me to achieve my personal wellness goals
- It's a fun activity to do with my friends and/ or family
- It helps to prevent disease, injury and illness
- It helps me to achieve my biometric values each year
- Other (please specify)

**32. What prevents you from being active (select all that apply)?**

- Financial considerations
- No access to fitness facilities
- Weather
- Health Concerns
- Pressure at work
- I don't know which physical activities to do
- Fear of injury
- I get bored with my physical activity routine
- I don't enjoy being active
- Nothing prevents me from being active. I regularly incorporate physical activity into my routine
- Other (please specify)

**33. What would motivate you to get/ keep moving (select all that apply)?**

- Step Challenge
- Active Minutes Challenge
- Mobility/ Stretching Challenge
- Challenge where departments compete against each other
- Educational webinars or videos related to physical activity
- Resources on how to fit physical activity in at work
- At-home stretches or workouts provided to me
- Establishing accountability with a friend or colleague
- Establishing accountability with a qualified coach
- I would not participate in any of the above
- Other (please specify)

**34. What causes you stress, anxiety, depression and/ or fear?**

- Pressure at work
- Lack of sleep
- Financial difficulties
- Lack of social support
- Lack of control over my life
- Desire to improve my health
- Pressure in my personal life
- I do not have a significant amount of stress, anxiety, depression and/ or fear
- Other (please specify)

**35. What will help you improve your emotional well-being (select all that apply)**

- Short, weekly webinars on mindfulness
- Gratitude/ mindfulness challenge
- Stress management challenge
- Financial wellness challenge or education
- Education on benefits of therapy and offerings through my medical plan
- Other (please specify)

**36. Which of the following aspects of a wellness challenge would encourage you to participate (select all that apply)?**

- Shorter challenges that last less than 4 weeks
- Longer challenges that last 4-6 weeks
- Challenges where you work individually to achieve a goal
- Challenges where you work as a team to achieve a goal
- I would not participate in a company wellness challenge
- Other (please specify)

**37. 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

**38. 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)

**39. 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)

**40. 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

**41. I follow a healthy, balanced and nutritious diet at least 80% of the time**

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree
- Prefer not to answer

**42. I complete at least 150 minutes of moderately intense activity every week**

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree
- Prefer not to answer

**43. I get enough quality sleep each night and I feel rested and energized the next day**

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree
- Prefer not to answer

**44. I can effectively manage my stress and emotional well-being**

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree
- Prefer not to answer

**45. I make time to complete my age and gender appropriate preventive exams each year**

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree
- Prefer not to answer

**46. I know who and where to go for my health care needs**

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree
- Prefer not to answer

**47. I follow my care plan to effectively manage my chronic conditions (i.e. diabetes, heart disease, etc.)**

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree
- Prefer not to answer

**48. 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)

**49. What resources do you value that [INSERT CLIENT] provides?**

**50. The benefits offered by [INSERT CLIENT] are competitive to other organizations.**

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree
- Prefer not to answer

**51. I have a clear understanding of the benefits package offered by [INSERT CLIENT].**

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree
- Prefer not to answer

**52. My impression of [INSERT CARRIER] as my medical carrier is positive.**

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree
- Prefer not to answer

**53. I have taken advantage of the benefits website to get information about [INSERT CLIENT] offerings**

- Yes
- No
- Not applicable