# **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.)

Flexible schedule
Personal recognition (publicly or privately)
Sense of community
Flexible dress code
Building trust
Authenticity and transparency

Workload support from management		
Safety		
Benefits		
Other: (Tell us here.)		

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

Nutrition and healthy weight management (cooking, recipes, potlucks, etc.)	
Physical activity	
Stress management/mindfulness	
Preventive health (flu vaccines, cancer screenings, etc.)	
Workplace safety	
Diabetes management	
Quitting smoking/tobacco	
Understanding your health insurance	
Volunteering (gain a better understanding of volunteer opportunities at work and in the community)	
Chronic pain management	
Career development	

Equity, diversity, and inclusion
Everyday needs (food/housing/safety/transportation)
Career well-being (liking what you do every day and leveraging your strengths)
Social well-being (strong relationships, connections in your life)
Financial well-being (managing your economic life)
Physical well-being (having good health and enough energy to get things done on a daily basis)
Community well-being (sense of engagement with where you live)
Emotional well-being (ability to manage stress and meet everyday demands)
Other: (Tell us here.)

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

Computer/virtual seminar			
In-person seminar at work			
Competitions and/or team challenges			
Smartphone/mobile app			
During meetings			
Health fair			
Events/classes in the community			

I do not plan to participate in wellness programs at work. (Please tell us why.)	

Other: (Tell us here.)

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

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

Please specify your preferred language:

Bilingual materials/resources are provided based on availability.

What's the best ti	me for you to parti	cipate in an on-si	te activity? (Select all	that apply.)
O Before work	$\bigcirc$ Mid-morning	<ul><li>Lunchtime</li></ul>	$\bigcirc$ Late afternoon	O 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.)

No Do you require accommodation or accessibility support? Yes 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.)

Cash incentive (MasterCard, Visa)	Personal recognition
Charitable donation	Contributions to HRA, HSA, etc.
Gift card (retail store, grocery store, movies, etc.)	Social opportunities focused on well-being
Merchandise (hats, water bottles, etc.)	Other: (Tell us here.)
Paid time off	
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	Nonbina	ry/third gen	der	Prefer to self-describe	Prefer not to say
What is you	ır 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.