

# EMPLOYEE INTEREST SURVEY

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Please help us learn more about your health needs and interests by taking a few minutes to fill out this survey. Your responses are important and will help us to plan future wellness activities for employees at \_\_\_\_\_. We appreciate your input and look forward to a successful wellness program!

**1. Which of the following topics would you be interested in learning more about? (Check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Nutrition                                      | <input type="checkbox"/> Weight management   |
| <input type="checkbox"/> Stress management                              | <input type="checkbox"/> Smoking cessation   |
| <input type="checkbox"/> Heart disease<br>(Blood pressure, cholesterol) | <input type="checkbox"/> Summer safety   |
| <input type="checkbox"/> Cancer prevention                              | <input type="checkbox"/> Physical activity/exercise  |
| <input type="checkbox"/> Ergonomics                                     | <input type="checkbox"/> Children's health issues  |
| <input type="checkbox"/> Allergy awareness                              | <input type="checkbox"/> Disease prevention  |
|   | <input type="checkbox"/> Women's health issues<br>(breast health, osteoporosis, menopause) |

**2. What is the best way for you to hear about various wellness activities? (Check all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> Flyers/posters  | <input type="checkbox"/> Newsletters           |
| <input type="checkbox"/> Bulletin boards | <input type="checkbox"/> Reminders in paycheck |
| <input type="checkbox"/> E-mail          |  |

**3. When is the best time for you to participate in wellness activities?**

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Before work | <input type="checkbox"/> After work  |
| <input type="checkbox"/> Lunch hour  | <input type="checkbox"/> Would not participate <i>(if checked, please answer question below)</i> |

***Why wouldn't you participate in a wellness activity?***

- |   |   |
|---|---|
| <input type="checkbox"/> lack of time       | <input type="checkbox"/> lack of interest           |
| <input type="checkbox"/> lack of motivation | <input type="checkbox"/> not a believer in wellness |

**4. What shift do you primarily work? or What hours best describe your work schedule?**

- |  |
|--|
| <input type="checkbox"/> 1 <sup>st</sup> shift or 6-2  |
| <input type="checkbox"/> 2 <sup>nd</sup> shift or 9-5  |
| <input type="checkbox"/> 3 <sup>rd</sup> shift or 10-8 |

**5. How much time would you be willing to devote to a wellness activity?**

- |   |  |
|---|--|
| <input type="checkbox"/> less than 30 minutes | <input type="checkbox"/> 30-45 minutes |
| <input type="checkbox"/> 45-60 minutes        | <input type="checkbox"/> Other _____   |

**6. Would you be interested in being a volunteer for upcoming wellness events or serving on an employee wellness committee?**

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

***If Yes, please complete the following information:***

Name \_\_\_\_\_ Dept. \_\_\_\_\_ Phone Ext. \_\_\_\_\_