

# WELLNESS PROGRAMME SURVEY

We're thinking about starting an employee wellness programme to help you feel better and stay healthy. Would you help us by telling us (anonymously if you like) about whether you'd be genuinely interested in taking part in the following health-promotion and health-related activities?

Although some of the possible activities listed below could be based at your workplace, be assured that your participation, performance, or health results would never be recorded in your personnel file or made a part of your performance evaluation.

## THANK YOU FOR TAKING A FEW MINUTES TO FILL OUT THIS SURVEY.

As you make your choices, please be realistic about what you're likely to take part in – in other words, don't tick a box unless you're really prepared to attend the activity or event. We need to make programme choices within a limited budget, so it's important for us to know both what you would and wouldn't want to do.

- 1 Which of the following activities would you be likely to join in if they were offered, and how many times per week would you go? (Make sure your totals are physically possible!)

	<b>Yoga Classes</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Times per week	
	<b>Pilates Classes</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Times per week	
	<b>Zumba or Aerobics Classes</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Times per week	
	<b>Meditation or Mindfulness Classes</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Times per week	
	<b>Walking Event or Group</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Times per week	
	<b>Cycling Event or Club</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Times per week	
	<b>Running Event or Club</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Times per week	
	<b>Circuit Training or Boot Camp</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Times per week	
	<b>Sport Team</b> (Football, Hockey, Cricket, Basketball etc)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Times per week	
	<b>Membership of an Onsite Gym</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Times per week	

Use this box if you want to suggest anything else:

2 Which of the following classes, seminars, or events would you join in if offered, and how many times per year would you participate?

	<b>Nutrition</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Times per year _____
	<b>Cooking</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Times per year _____
	<b>A Wellness Day</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Times per year _____
	<b>A Sport or Activity Day</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Times per year _____
	<b>A Challenge for Charity</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Times per year _____
	<b>A Competitive Event</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Times per year _____

Use this box if you want to suggest anything else:

3 Which of the following health or fitness-related programmes would you be interested or willing to participate in? (Some of these might be off-site or offered on an individual basis). Check as many as apply:

	<b>Smoking Cessation Programme</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	<b>Weight Loss Programme</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	<b>Blood Pressure Screening</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	<b>Cholesterol Screening</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	<b>Complete Blood Screening</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	<b>Chronic Disease Management Programme</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Use this box if you want to suggest anything else:

4 The best time(s) and day(s) of the week for you to participate in classes or group activities is/are?

DAYS	TIMES

5 Would you eat fruit at meetings if it were available? Yes  No

6 Would you buy healthy snacks at work (such as granola, yogurt, fresh or dried fruit or nuts) if they were available in vending machines or elsewhere? Yes  No

7 Would you be interested in taking breaks during the day to stretch, meditate, or take a short walk – or if there were other people interested in doing so as a group? Yes  No

8 Would you be willing to take part in a meeting held during a walk (rather than sitting down)? Yes  No

9 Indicate any topics about which you'd like to learn more:

	<b>Healthy Eating</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Times per year _____
	<b>What exercise is right for me</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Times per year _____
	<b>What makes us fat and what we can do about it</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Times per year _____
	<b>Managing Stress</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Times per year _____
	<b>Lowering Cholesterol</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Times per year _____
	<b>Reducing Blood Pressure</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Times per year _____
	<b>Good Fat and Bad Fat</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Times per year _____
	<b>Sugar – the evil white stuff</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Times per year _____
	<b>The importance of sleep</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Times per year _____

Use this box if you want to suggest anything else:

10 Have you seriously considered making some health-related lifestyle changes recently (such as becoming more physically active, losing weight, eating more healthy foods, reducing alcohol consumption, or stopping smoking)? Yes  No

11 Would you find it easier to get motivated about making lifestyle changes if you worked with a buddy or with a group of people from work? Yes  No

12 Are you interested in helping develop your office's workplace wellness programme? Yes  No

13 If yes, do you have any health-related expertise?

Please describe:

**1 4** To receive information from our wellness programme, which of these are you most likely to look at or listen to?

	<b>Emails</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<b>Printed flyers or posters</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<b>Website</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<b>Social Media</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<b>A dedicated bulletin board</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<b>Presentations at staff meetings</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**1 5** Is there some other workplace-based health benefit or activity that you're particularly interested in?

Please describe:

**1 6** Would you be sufficiently interested in the activity described in Question 15 that, if the cost of your desired benefit is too high for the office budget, you'd be willing to partially pay your own way? Yes  No

**1 7** If we offered prizes or raffle drawings for participating in or winning certain events, what would motivate you the most (for example, cash, an extra holiday day, or a particular gift)?

Be as specific as you like!

**1 8** Thank you once again for helping us plan our wellness programme, we would finally ask for some statistical information:

Gender: \_\_\_\_\_ Year of Birth: \_\_\_\_\_

**IF YOU WOULD LIKE A CONFIDENTIAL DISCUSSION ABOUT ANY PART OF THIS SURVEY, PLEASE PROVIDE YOUR DETAILS BELOW, OTHERWISE PLEASE LEAVE BLANK.**

Name: \_\_\_\_\_ Tel No: \_\_\_\_\_

Email: \_\_\_\_\_