



# Employee Needs & Interests Survey

Please indicate the workplace need and personal need for each of the following areas if they were offered at work during the next year.	WORKPLACE NEEDS THIS				I NEED THIS		
	CURRENTLY PROVIDED	NOT NEEDED	MIGHT BE NEEDED	YES, NEEDED	NOT NEEDED	MIGHT BE NEEDED	YES, NEEDED
<b>1. Educational Programs</b>							
<b>HEALTH</b>							
a. Cancer Prevention							
b. Heart Disease Prevention							
c. Stroke Prevention							
d. Cholesterol Reduction							
e. Headache Prevention							
f. Cold/Flu Prevention							
g. Weight Management							
h. Managing Chronic Health Conditions (i.e., diabetes, hypertension)							
i. Managing Chronic Pain (i.e., neck/shoulder injuries, back injuries)							
j. Self-Care							
k. Communication and Connection							
l. Asthma Management							
m. Financial Wellness							
n. Other – Specify							
<b>RESILIENCY &amp; MEANING</b>							
a. Gratitude							
b. Respect							
c. Mindfulness							
d. Stress Reduction							
e. Depression							
f. Burn Out							
g. Work/Life Balance							
h. Other – Specify							



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<b>2. Health Risk Behavior/Lifestyle Programs</b>							
a. Substance Use/Responsible Use							
b. Using Health Tracking Devices (fitness trackers)							
c. Mental Health Screening & Resources							
d. Subsidized /Discounted Gym Membership							
e. Personal Training							
f. Nutrition Education							
g. Yoga							
h. Stretching							
i. Walking Programs							
j. Massage Therapy							
k. Relaxation Techniques							
l. Meditation Programs							
m. Tobacco Dependence/Smoking Cessation							
n. Other – Specify							
<b>3. Employee Assistance Programs</b>							
a. Parenting Successfully/Dependent Care							
b. Controlling Anger/Managing Emotion							
c. Relationships							
d. Life Satisfaction							
e. Legal Advice							
f. Financial Consulting							
g. Other – Specify							
<b>4. Immunization Programs</b>							
a. Flu Shots							
b. Tetanus Shots							
c. Lyme Disease Vaccine							
d. Hepatitis “B” Vaccine							
e. TB Testing/Screening							
f. Pneumonia							
g. Shingles							
h. COVID-19 Shots/Booster							
i. Other – Specify							



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<b>5. Screening Programs (Life Stage/Condition Appropriate Health Evaluations)</b>							
a. Blood Pressure Checks							
b. Blood Sugar (diabetes)							
c. Cholesterol Levels							
d. Multiphasic Blood Screenings							
e. Body Fat Testing							
f. Cardiovascular (EKGs)							
g. Colon/Rectal							
h. Prostate Checks (PSA)							
i. Fecal Occult and Blood Testing							
j. Mammograms							
k. Vision							
l. Hearing Screening							
m. A1C Testing							
n. Waist Circumference							
o. Body Mass Index							
p. Bone Mineral Density							
q. Exercise Tolerance Testing (sub-maximal)							
r. Skin Cancer							
s. Health and Wellness Genetic Testing							
t. Other – Specify							
<b>6. Workplace Health Culture</b>							
a. Onsite Vending Machines with Healthy Choices							
b. Healthy Meeting (walking, healthy food/drink)							
c. Healthy Options for Onsite Cafeteria or Vendor							
d. Community Supported Agriculture Option (CSA)							
e. Onsite Exercise Equipment and/or Classes							
f. Employee Recognition of Healthy Living							
g. Other – Specify							



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<b>7. Physical and Remote Workspace and Safety</b>							
a. Positive Safety Climate							
b. Accommodations as Needed to Do Best Work							
c. Physical Location							
d. Remote Location Tips							
e. Inclusivity Culture	<input type="checkbox"/>						
f. Appropriate Environment (temperature/lighting/venting/noise)							
g. Ergonomics							
h. Drinkable Water Available							
i. Back Safety							
j. Visiting Onsite Healthcare							
k. Other – Specify							

<b>8. Work Policies, Practices and Norms</b>							
a. Organizational Support/Respect/Fairness							
b. Culture of Health							
c. Inclusivity and Belonging							
d. Workers Compensation/Injury Care							
e. Flexibility in Work Scheduling							
f. Volunteerism							
g. Community Involvement							
h. Other – Specify							

<b>9. Organizational Leadership</b>							
Please give your opinion for each of the following statements:	AGREE	NEUTRAL	DISAGREE	DON'T KNOW			
Management is committed to supporting employee health and wellness.							
My supervisor is committed to supporting employee health and wellness.							
My co-workers support me in making healthy lifestyle choices.							
I am encouraged to take work breaks as allowed in my position description.							
Our wellness program helps us understand relationships between living a healthy lifestyle and our ability to fulfill personal goals.							



**10. Employee Interest**

As an employee within this organization, which of the following categories would you place yourself:

	I am not interested in pursuing a healthy lifestyle.
	I want to pursue a healthy lifestyle, but do not know where to start.
	I have been thinking about changing some of my health behaviors.
	I am planning on making a health behavior change within the next 30 days.
	I have made some health behavior changes, but I still have some trouble following through.
	I have had a healthy lifestyle for years.

<b>11. Employee Engagement</b>	<b>VERY SUCCESSFUL</b>	<b>MODERATELY SUCCESSFUL</b>	<b>NOT SUCCESSFUL</b>
Please rate the success of any lifestyle change you have made in the last 12 months.			

**12. Employee Feedback**

Please answer the following:

What lifestyle goals are you planning to act on in the next twelve months?
What will make your healthy choice easier to achieve?
Did you support someone else's efforts to achieve a healthier lifestyle?
What do you think is the primary reason you think our organization offers wellness at work?