SAMPLE EMPLOYEE INTEREST SURVEY FOR INITIATION OF PROGRAM

Our school is planning a wellness program for our employees. Please help us learn more about your health needs and interests by completing this anonymous and confidential interest survey.

A committee of volunteers has reviewed the survey and noted that it took approximately 15 minutes to complete. The aggregate results of the survey will be provided in the near future. We sincerely appreciate your help with this important activity. Your participation will help ensure that our health promotion program meets the unique needs and interests of our employees.

1. **Sex:**
   - a. Male
   - b. Female

2. **Age Group:**
   - a. Under 20
   - b. 20–25
   - c. 26–35
   - d. 36–45
   - e. 46–55
   - f. 56–64
   - g. 65+

3. **Home building:**
   - a. Itinerant
   - b. High School
   - c. Middle School
   - d. Elementary
   - e. Special Purpose

4. **Current Health Habits:** Choose most appropriate response.

   - a. Frequently
   - b. Sometimes
   - c. Rarely or Never

   - I exercise vigorously for at least 30 minutes three or more times a week. A B C
   - I desire to exercise but have trouble including it in my daily routine. A B C
   - I suffer from back pain. A B C
   - I get a good night’s sleep. A B C
   - I experience high levels of stress. A B C
   - I eat three nutritious meals daily. A B C
   - I eat on the run, skipping meals. A B C
   - I avoid eating too much fat. A B C
   - I make an effort to eat enough high-fiber foods. A B C
   - I feel satisfied with my current weight. A B C
   - I desire to change my body weight (lose or gain). A B C
   - I regularly smoke cigarettes. A B C
   - I receive an annual flu shot. A B C

5. **Would you be interested in participating in an onsite health screening?**
   - a. Yes
   - b. No

6. **What specific topics would you like to learn about physical activity?**
   - a. Beginning an exercise program
   - b. Strength training
   - c. Stretching
   - d. Staying motivated and avoiding boredom with workout routine
   - e. Incorporating activity into everyday life
   - f. Aspects of a well-rounded exercise program
   - g. Health benefits of exercise
   - h. Choosing home exercise equipment
   - i. Other

7. **Are you interested in learning more about stress management techniques?**
   - a. Yes
   - b. No

(continued)
8. What specific topics would you like to learn about nutrition?
   a. Fruits and vegetables
   b. Healthy cooking
   c. Fiber
   d. Whole grains
   e. Healthier fast-food options
   f. Supplements—such as vitamins, minerals, herbs, nutritional
   g. Sodium
   h. Safe food storage and preparation
   i. Quick cooking/freezer meals
   j. Menu planning
   k. Healthy eating (do’s and don’ts)
   l. Other

9. What specific topics would you like to learn about general health?
   a. Blood pressure
   b. Cholesterol
   c. Diabetes
   d. Cancer prevention
   e. Weight loss
   f. Arthritis
   g. Back safety
   h. Other

10. What is your preferred learning format?
    a. 30-minute to 1-hour presentation/discussion
    b. Online presentation for self-study with follow-up quiz
    c. Article review for self-study with follow-up quiz
    d. Ongoing weekly meetings (i.e., 8-week course)
    e. Book self-study

11. Where would you most likely participate in health education or physical activity programs?
    a. I would drive up to 5 miles to attend a program.
    b. I would drive to a nearby school building to attend a program.
    c. Programs need to be held at my building.

12. In scheduling programs, what time of day would work best for you?
    a. Early morning, before work
    b. Immediately after work
    c. In the evening

13. Other program considerations (Respond yes or no):
    a. I would need childcare to be able to participate in programs.
    b. I have family members that would be interested in participating in programs.
    c. I would be willing to share the cost of participating in programs/certain screenings.

14. Would you be interested in participating in a smoking cessation program?
    a. Yes
    b. No
    c. Not applicable

15. Would you be interested in having an onsite flu vaccine clinic?
    a. Yes   b. No