In order to continuously improve on wellness programming, employee input is extremely important. Please take a minute to answer the questions so that we may have a better understanding of employee interests. Responses from the survey will be used in designing all wellness programs. The responses in this survey are completely anonymous.

Tell us about your interests:

Topic	Not Interested	Only Slightly Interested	Somewhat Interested	Very Interested
Allergies	1	2	3	4
Asthma	1	2	3	4
Back Injury Prevention	1	2	3	4
Blood Pressure	1	2	3	4
Diabetes	1	2	3	4
Healthy Cooking	1	2	3	4
Healthy Eating	1	2	3	4
Heart Health	1	2	3	4
Men's Health	1	2	3	4
Parenting	1	2	3	4
Physical Activity	1	2	3	4
Skin Cancer	1	2	3	4
Sleep	1	2	3	4
Smoking Cessation	1	2	3	4
Stress Management	1	2	3	4
Walking Program	1	2	3	4
Weight Management	1	2	3	4
Women's Health	1	2	3	4
Work/Life Balance	1	2	3	4
Other	1	2	3	4

If there was a topic of interest to you, how likely are you to participate in the following:

	Not at all likely	Somewhat unlikely	Somewhat likely	Very likely
Single session workshops (healthy eating or heart-health hour sessions)				
Multi-week group programs (weight loss or stress management)				
Health Fair				
Self-directed programs (activity tracking programs)				
Online programs (webinar, weight management)				
Group events				
I do not plan to participate in any wellness				
☐ After work ☐ Other: ☐ Which of the following incentives would increase you apply) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	ur likelihood of par	ticipating in well	ness programs? (C	heck all that
☐ I would participate without an incentive☐ Financial rewards (cash, gift cards, lower co	st hoalth incurance	.)		
Days/hours off	st nearth insurance	:)		
Free food at the activity				
☐ Small gifts				
Raffles for gifts or financial rewards				
I would not participate even with an incenti	ve			
Other:				
How would you like to hear about the company's wo	orksite wellness eve	ents? (Check up t	to two answers)	
Written material (newsletters, fliers, memo	s)			
E-mail				
Department meetings				
☐ Online ☐ Other:				
Other:				

Would y	ou support any of	the following: (check	all that apply)							
	Increase healthy food and drink options in the cafeteria and/or vending machines									
	Policy encouraging healthy food and drink options in catered meetings									
	Policy encouraging walking meetings when appropriate									
	Tobacco-free workplace including all outdoor areas of the property									
	Establishment of a wellness or relaxation room									
	Safe, accessible w	alking routes (indoors	or outdoors)							
Are ther	e any barriers that	prevent you from pa	rticipating in wel	ness activities? (cl	neck all that apply)					
	Inconvenient time or location									
	Lack of management support or pressure to get my work done									
	Lack of time									
	Privacy: my employer should not be involved in my health									
	Confidentiality: concern of others knowing of my personal health									
	My job duties do not allow me to participate									
	Not interested									
	Other:									
	ell us about yourse	elf: (please circle)								
Male	Female									
Age: (pl	ease circle)									
Under 2	1 21-30	31-40	41-50	51-60	60+					
In which	of the following c	ategories would you p	olace yourself? (C	heck only one)						
] I'm not interested in pursuing a healthy lifestyle.									
	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 have some difficulties following through									
	I have had a healthy lifestyle for many years									
	r have had a healthy mestyle for many years									

Thank You! We appreciate your input in this survey. Your answers will ensure our wellness programming benefits the health and wellbeing of all our employees.