



Worksite Wellness Employee Interest Survey

The Wellness Committee would like to learn about your interest in worksite wellness. Please take a few minutes to complete this survey. Your responses will be used in planning future worksite wellness programs.

Your Interests

1. Please rate your interest in the following health topics:

T o p i c	Not Interested	Only Slightly Interested	Somewhat Interested	Very Interested
Allergy and Asthma	1	2	3	4
Back Care	1	2	3	4
Blood Pressure	1	2	3	4
Cash-Flow Management (Finances)	1	2	3	4
Diabetes	1	2	3	4
Farm to Work produce deliveries	1	2	3	4
Healthy Cooking/Eating	1	2	3	4
Heart Health	1	2	3	4
Lunch time fitness classes	1	2	3	4
Medical Self-Care	1	2	3	4
Men's Health	1	2	3	4
Physical Activity	1	2	3	4
Sleep	1	2	3	4
Smoking Cessation	1	2	3	4
Stress Management	1	2	3	4
Understanding Health Insurance	1	2	3	4
Walking Program	1	2	3	4
Weight management	1	2	3	4
Women's Health	1	2	3	4
Workspace Ergonomics	1	2	3	4

2. If it 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
Multi-week group programs (example: CORR Fitness, Walk Across Texas, weight management programs)	1	2	3	4
Single session workshops (example: healthy eating, personal budget basics, diabetes education)	1	2	3	4
30 minute lunch time exercise classes at CMRC	1	2	3	4
Self-directed programs (example: activity tracking program)	1	2	3	4
Online programs (example: webinar, weight management program)	1	2	3	4
Group events in the community (example: Relay for Life, 5K, Million Mile Month)	1	2	3	4
I do not plan to participate in any wellness programs at work				

3. What time of day would be best for you to participate in a wellness activity? (Check only one answer)

- Before Work
- During Lunch
- After Work
- Other: _____

4. How long should a wellness activity last during the work day?

- Less than 15 minutes
- 15 minutes
- 30 minutes
- 45 minutes
- 60 minutes
- Other: _____

5. If you were to participate in a class(es), choose three of the following in order of interest (1st,2nd,3rd).

- Spynergy
- Pilates
- Flex and Stretch
- Piloxing
- Back to Basics
- Other: _____

6. Which of the following incentives would increase your likelihood to participate in wellness activities? (Check all that apply)

- I would participate without an incentive
- Financial rewards (cash, gift cards)
- Days/hours off
- Free food at the program (lunch and learns)
- Small gifts
- Raffles for gifts or financial rewards
- I would not participate even with an incentive
- Other: _____

7. How would you prefer to receive information about the city's worksite wellness events? (Check all that apply)

- Employee Net (online)
- Department meetings
- Written materials (flyers)
- Other: _____

8. Would you support any of the following: (Check all that apply)

- Fitness monitoring group (example: Fitbit, My Fitness Pal)
- Walking group
 - early morning
 - lunch time
 - after work
 - weekend
- Farm to Work produce deliveries by local grower
- 30-minute lunch time fitness classes at CMRC
- Quarterly lunch and learn sessions

9. Are there any barriers that prevent you from participating in wellness activities? (Check all that apply)

- Inconvenient time or location
- Lack of time
- Privacy: my employer should not be involved in my personal health
- Confidentiality: concern about others knowing of my personal health
- Lack of management support
- Pressure to get my work done
- My job duties do not allow me to participate
- Just not interested
- Other: _____

10. What is the best way for your worksite to help employees to be more physically active?

Tell us about yourself

Male Female

Age group:

Under 21 21-30 31-40 41-50 51-60 60+

In which of the following categories would you place yourself? (Check 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 I still have trouble following through
- I have had a healthy lifestyle for years

Are you interested in participating on the city's wellness committee?

Yes No

Thank you for your feedback!

Please send your response to sfriedrich@roundrocktexas.gov