

Employee Wellness Interest Survey



The School Wellness Team cares about the health of our employees and would like to offer programs and activities to help you live a healthy, well-balanced lifestyle! Please complete the survey below to help us plan health and wellness activities for the school year that fit your needs and interests. You do not have to put your name on the survey. Please return the survey to *NAME OR LOCATION* before *DATE*. All answers are anonymous.

1. Which of the following wellness topics would you be MOST interested in learning more about? Please check your top 5 choices.

- | | |
|---|--|
| <input type="checkbox"/> Personal goal setting | <input type="checkbox"/> How to start an exercise program |
| <input type="checkbox"/> Developing a personal fitness plan | <input type="checkbox"/> Physical activity for busy people |
| <input type="checkbox"/> Heart disease prevention & awareness | <input type="checkbox"/> Strength training |
| <input type="checkbox"/> Cancer prevention & awareness | <input type="checkbox"/> Meal planning |
| <input type="checkbox"/> Managing chronic disease | <input type="checkbox"/> Healthy holidays |
| <input type="checkbox"/> Diabetes prevention | <input type="checkbox"/> How to raise a healthy eater |
| <input type="checkbox"/> Controlling high blood pressure | <input type="checkbox"/> Tips for picky eaters |
| <input type="checkbox"/> Tips for reducing cholesterol | <input type="checkbox"/> Kid-friendly foods |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Nutrition tips for busy people |
| <input type="checkbox"/> Parenting tips | <input type="checkbox"/> Ways to add fiber to your diet |
| <input type="checkbox"/> Headache prevention and treatment | <input type="checkbox"/> Super foods |
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Tips for eating out & staying healthy |
| <input type="checkbox"/> Drug abuse | <input type="checkbox"/> Controlling food triggers |
| <input type="checkbox"/> Breast self-exams | <input type="checkbox"/> Whole grains |
| <input type="checkbox"/> Smoking reduction or cessation | <input type="checkbox"/> Vitamin facts |
| <input type="checkbox"/> Stress management | <input type="checkbox"/> Portion distortion |
| <input type="checkbox"/> Time management | <input type="checkbox"/> Quick & easy meals |
| <input type="checkbox"/> Healthy sleep habits | <input type="checkbox"/> Mindful eating |
| <input type="checkbox"/> Balancing work and family | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Weight management | <input type="checkbox"/> Other: _____ |

2. If you participated in an after school activity club (i.e. walking/hiking club), would you be okay with including students in the activity?

- Absolutely
- I would still participate, but would prefer the activity to be only adults
- Definitely not

3. Please indicate how likely you would be to participate in wellness activities if they were offered at the following times:

Time	Would Participate	Might Participate	Would NOT Participate
Before School			
During Lunch			
After School			
Evenings			

4. Please indicate how likely you would be to participate in the following wellness programs if they were offered at work:

Possible Health & Wellness Activities	Would Participate	Might Participate	No Interest
Weight management program			
Physical activity challenge (i.e. 10-week program that tracks physical activity minutes)			
Fitness or wellness contest			
Fruit & Veggie Challenge (i.e. track fruits/vegetables for 4 weeks)			
Aerobic classes (via video tape)			
Yoga classes (via video tape)			
Pilates classes (via video tape)			
Kickboxing classes (via video tape)			
Monthly wellness 'Lunch & Learns'			
Walking club			
Hiking club			
Biking club			
Frisbee club			
Sports league If yes, list sport(s): _____			
Smoking cessation program			
Healthy pot-luck			
Complete a personal wellness contract			
Grocery store tour for healthy foods			
Garden tour			
Weight training program			
Cooking classes			
Dance classes			
Fitness testing			
Discounted massage therapy			
Discounted health club membership If yes, list club you would prefer to go to: _____			
Other:			

5. I would like more healthy food options at staff meetings and workshops.

Strongly Agree Agree Neutral Disagree Strongly Disagree

6. I feel that our school environment encourages staff to make healthy lifestyle choices.

Strongly Agree Agree Neutral Disagree Strongly Disagree

7. What one thing would you most like to see in our school to help employees live a healthy, well-balanced lifestyle? _____

8. Questions or Comments: _____

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