APPENDIX C - WORKSITE WELLNESS SURVEY

Sample Survey or Pre & Post Test

Worksite Wellness Survey

Wellness Questions

1. **Current physical activity level.**
   Please read the statements below. Select the number of the statement that best describes your current level of physical activity. When considering time spent being active, count any time you are active for at least 10 minutes at a time. In other words, if you have three 10 minute “bouts” of activity in a day, record that as 30 minutes in a day. "Vigorous" exercise includes activities like jogging, running, fast cycling, aerobics classes, swimming laps, singles tennis and racquetball. These types of activities make you sweat and make you feel out of breath. "Moderate" exercise includes activities such as brisk walking, gardening, slow cycling, dancing, doubles tennis or hard work around the house.
   - ☐ I don't exercise or walk regularly now, and I don't plan to start in the near future.
   - ☐ I don't exercise or walk regularly, but I've been thinking about starting.
   - ☐ I'm doing moderate or vigorous physical activities for at least 30 minutes on some days, but fewer than 5 days a week.
   - ☐ I've been doing moderate or vigorous physical activities for at least 30 minutes in a day, on five or more days a week, and have been doing it for the last 1 to 6 months.
   - ☐ I've been doing moderate or vigorous physical activities for at least 30 minutes in a day, on five or more days a week, and have been doing it for 7 months or longer.

2. **When do you get most of your physical activity each day?**
   - ☐ Before work
   - ☐ During work hours on break and lunch times
   - ☐ After work
   - ☐ None of the above. I am not physically active or am only active on weekends.

3. **Fruits and Vegetables.**
   Please read the statements below. Select the statement that best describes your current intake of 100% juices and fresh, frozen and/or dried fruits and vegetables. A serving is ½ cup or 1 medium piece of most fresh or frozen fruits and vegetables, 6 ounces of 100% juice and ¼ cup of dried fruits or vegetables.
   - ☐ I don't eat fruits and vegetables regularly now, and I don't plan to start in the near future.
   - ☐ I don't eat fruits and vegetables regularly, but I've been thinking about starting.
   - ☐ I'm eating some fruits and vegetables a day (total of 2 servings or less)
   - ☐ I've been eating fruits and vegetables every day (total of 3 or more servings), for the last 0 to 6 months.
   - ☐ I've been eating 5 or more servings of fruits and vegetables every day, for more than 6 months.

4. **Fat in Foods.**
   Please read the statement below. Select the statement that best describes your current intake of low fat foods.
   - ☐ I don't worry about the fat content of the food I eat & I don't plan to in the near future.
   - ☐ I eat high fat foods daily, but I've been thinking about trying to reduce my intake.
   - ☐ I limit my intake of high fat foods to 1-3 times/week.
   - ☐ I eat high fat foods less than once/week and have been for the past 6 months.
   - ☐ I eat high fat foods less than once/week and have been for more than 6 months.

5. **Whole grains.**
   Please read the statements below. Select the statement that best describes your current intake of whole grain foods. The serving size for whole grains is one ounce (ex. 1 slice of bread, 1 oz. of cereal, ½ cup of cooked rice or pasta.
   - ☐ I don't cook, eat or purchase whole grain foods now, and I don't plan to start in the near

future.

- ☐ I don't cook, eat or purchase whole grain foods regularly, but I've been thinking about starting.
- ☐ I'm cooking, eating or purchasing whole grain foods 3-4 times a week.
- ☐ I've been cooking, eating or purchasing whole grain foods every day, for the past 1 to 6 months.
- ☐ I've been cooking, eating or purchasing at least 3 servings of whole grain foods every day, for 7 months or longer.

6. Tobacco Use.

Please read the statements below. Select the statement that best describes your current tobacco use.

- ☐ I don't smoke
- ☐ I'm not thinking about quitting, at least not in the next six months.
- ☐ I'm thinking about quitting someday, but not right now.
- ☐ I want to quit within the next month or two, and I want to know more about how to do it.
- ☐ I have just quit and I am going through withdrawal. (Action)
- ☐ I have quit smoking and I want to know more about how to never smoke again.

7. Anxiety.

About how often during the past 30 days did you feel nervous or anxious: would you say **all** of the time, **most** of the time, **some** of the time, **a little** of the time or **none** of the time?

- ☐ All
- ☐ Most
- ☐ Some
- ☐ A little
- ☐ None
- ☐ Don't know/not sure

8. Depression.

About how often during the past 30 days did you feel sad, blue or depressed- would you say **all** of the time, **most** of the time, **some** of the time, **a little** of the time or **none** of the time?

- ☐ All
- ☐ Most
- ☐ Some
- ☐ A little
- ☐ None
- ☐ Don't know/not sure

PARTICIPANT INTEREST AREAS

9. Please rate your interest in any of the following individual physical activity resources for that might be available.	Very Low	Low	Neutral	High	Very High
a. Attending regular presentations on physical activity topics					
b. Receiving regular physical activity tips via email					
c. Having access to web resources on physical activity					
d. Getting information on existing activities in the area					
e. Point of decision prompts to help you be active (stair/elevator signs)					

10. What physical activity topics are you interested in learning more about?					
11. Please rate your interest in any of the following group physical activity resources for that might be available.	Very Low	Low	Neutral	High	Very High
a. Joining small groups for regular activity (walking groups, yoga class)					
b. Forming clubs for particular physical activities					
c. Discounted memberships at local health clubs, recreation centers, etc.					
d. Participating in a division-wide fitness program initiative with friendly competition between groups					
12. Please rate your interest in any of the following nutrition resources that might be available?	Very Low	Low	Neutral	High	Very High
a. Attending regular presentations on nutrition topics					
b. Receiving regular healthy eating tips via email					
c. Having access to web resources on nutrition/healthy eating					
d. Getting information on existing food/diet groups in the area					
e. Recipes/healthy meal ideas					
f. Point of decision prompts to help you eat well (i.e. strategically placed healthy eating reminders)					
g. Joining small groups for regular information on diet (ex. Weight Watchers)					
13. What nutrition topics are you interested in learning more about?					
14. Please rate your support for any of the following policy or environmental worksite changes.	Very Low	Low	Neutral	High	Very High
a. Review healthy food options for the cafeteria & vending machines; healthy food options labeled					
b. Develop an organization recommendation on food choices for meetings and conferences					
c. Not schedule meetings within the organization on a specific day/time to allow for open time for wellness activities					

d. Provide preventive wellness screenings (blood pressure, body composition, blood cholesterol, diabetes)					
e. Provide Health Risk Appraisals					
f. Provide incentives for participation					
g. Develop policies to support breastfeeding women					
15. Please rate your interest in any of the following mental health resources that might be available?	Very Low	Low	Neutral	High	Very High
a. Attending regular presentations on mental topics					
b. Receiving regular mental health tips via email					
c. Having access to web resources on mental health					
d. Getting information on existing mental health groups in the area					
e. Joining small groups for regular stress reduction classes (relaxation or yoga classes)					

16. If more opportunities were available for wellness at the worksite, when would be the best time for you? Check all that apply:

- ☐ Before work
- ☐ During the workday on break and lunch times.
- ☐ After work.
- ☐ None of the above. I'm not interested in any physical activity or nutrition programming at work.

17. What other things could be done in the worksite to help promote wellness? What would you like to see?

Demographics. We would like to get some demographic information as background. The following questions are optional, but will really help tailor programs and potentially group areas of common interest.

18. Gender

- ☐ Male
- ☐ Female

19. Age

- ☐ <20
- ☐ 20-29
- ☐ 30-39
- ☐ 40-49
- ☐ 50-59
- ☐ 60+

20. Work Unit (customize if units are defined in the organization)

- ☐ Administration
- ☐ Regional staff
- ☐ 1st shift

Note: Questions #1 (Physical Activity), #3 (Fruit and Vegetable Consumption) and #6 (Tobacco Use) all have answers corresponding to employee "readiness" and the stages of change described in Step 5 on page 34. You may want to see how many employees are at the various levels in deciding how to address the health behavior you want to improve.

Core Wording from questions 1, 3 and 6:

- I don't ……. regularly now, and I don't plan to start in the near future. (Precontemplation)
- I don't ……. regularly, but I've been thinking about starting. (Contemplation)
- I'm ……a day (x / week, but not daily) (Preparation)
- I've been …… every day for the last 0 to 6 months. (Action)
- I've been ……. every day, for 6 months or longer. (Maintenance)

Remove this section prior to using this survey tool.