



# Worksite Wellness Planning

## End of Year Program Evaluation

At the end of each program year, you will conduct an assessment to evaluate the impact of your program and help plan for the next year. Questions should be similar enough to the prior year's assessment so that responses can be compared to assist you in determining the impact of the program. It is also important to include questions that can quantify successes/strengths, challenges/barriers, environmental/culture changes, as well as individual lifestyle changes as a result of program implementation.

Below is an example of a full end of program year assessment, including an introduction message. This example is designed to allow you to customize the questions to your organization and population as needed and matches the questions provided in the initial assessment to provide outcome data on the impact of the program. All questions below are optional.

### Sample End of Year Program Evaluation

Dear Colleagues,

Please note, this survey is anonymous. You are encouraged to answer honestly, as these results are key to a continued successful worksite wellness program for our organization. This survey is comprised of questions to collect information regarding the past wellness program year ***[insert program year dates: Month, Year- Month-Year]*** to ensure our worksite wellness program is planned and implemented with your outlook in mind. We look forward to another great wellness program year starting on ***[insert new program year start date]***.

1. Please select your work location. (Only provide this question if your organization has multiple sites).
  - Worksite 1
  - Worksite 2
  - Worksite 3
  
2. Did you participate in the worksite wellness program?
  - Yes
  - No
  
2. If you did not participate, please take a moment to let us know why.
  - Insert comment box



3. If you did participate, please take a moment and let us know what you enjoyed most about the program?
  - Insert comment box
4. Have you made any positive health changes at work or at home as a result of the wellness program?
  - Yes – (If selected provide comment box to explain the change.)
  - No

### Wellness Culture:

*Please indicate to what extent you agree or disagree with the statements in this section.*

5. Supporting employee wellness is among the top priorities in this organization as a whole.
  - Strongly Agree
  - Agree
  - Neither Agree nor Disagree
  - Disagree
  - Strongly Disagree
6. Living a healthy lifestyle is highly valued and supported in our work environment.
  - Strongly Agree
  - Agree
  - Neither Agree nor Disagree
  - Disagree
  - Strongly Disagree
7. My immediate supervisor supports my efforts to live and/or adopt healthy lifestyle practices (e.g., walking breaks are encouraged, overworking is not praised or rewarded, team members are rewarded and recognized for efforts to live a healthy lifestyle, etc.).
  - Strongly Agree
  - Agree
  - Neither Agree nor Disagree
  - Disagree
  - Strongly Disagree
8. Among my immediate co-workers, it is expected and normal to practice healthy lifestyle habits (e.g., not come to work sick, come to work rested, achieve work/life balance, not smoke, eat a healthy diet, be physically active, practice stress management techniques, etc.).
  - Strongly Agree
  - Agree



- Neither Agree nor Disagree
  - Disagree
  - Strongly Disagree
9. In my workgroup, there is no such thing as being too health oriented (e.g., health behaviors such as stress management, healthy eating, and exercise are almost never made fun of or discouraged).
- Strongly Agree
  - Agree
  - Neither Agree nor Disagree
  - Disagree
  - Strongly Disagree
10. Employees in my workgroup are made aware of the organization's support for healthy lifestyles and available wellness programs and resources.
- Strongly Agree
  - Agree
  - Neither Agree nor Disagree
  - Disagree
  - Strongly Disagree
11. My family and friends support my efforts to live and/or adopt healthy lifestyle practices.
- Strongly Agree
  - Agree
  - Neither Agree nor Disagree
  - Disagree
  - Strongly Disagree

### Individual Health:

12. Would you say that in general your health is \_\_\_\_\_?
- Excellent
  - Very Good
  - Good
  - Fair
  - Poor
  - Don't know/not sure
13. Has a doctor ever diagnosed you with any of the following conditions? Select all that apply.
- Anemia
  - Anxiety



- Arthritis
- Asthma
- Cancer
- Coronary artery disease (Heart disease)
- Depression
- Diabetes
- Heart attack
- High blood pressure (Hypertension)
- High cholesterol
- Osteoporosis
- Pre-diabetes
- Stroke

14. Do you take medication for any of these conditions?

- Yes
- No

15. How many ounces of water do you drink each day?

- 0 ounces
- 32 ounces or less (2 or fewer 16 oz. bottles)
- 33-63 ounces
- 64 or more ounces (4 or more 16 oz. bottles)

16. How often do you eat 2 or more servings of fruit in a day?

- Every day
- 3-6 days per week
- 1-2 days per week
- 0 days per week

17. How often do you eat 3 or more servings of vegetables in a day?

- Every day
- 3-6 days per week
- 1-2 days per week
- 0 days per week

18. During the past month (other than your regular job), did you participate in any physical activities or exercises (e.g., walking, running/jobbing, biking, sports, gardening, yoga, Pilates, etc.)?

- Yes, 3 or more times per week
- Yes, 1-2 times per week
- Yes, 1-3 times per month
- No



19. Do you currently smoke or use other forms of tobacco products (e.g., dip, chewing tobacco, e-cigarettes)?
- Yes
  - No
20. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?
- Yes, and I am now smoke-free
  - Yes, but I was not able to sustain it
  - No, I have not made a quit attempt
  - Not applicable, I was not a smoker in the past 12 months
21. During the last 30 days, for about how many days have you felt worried, anxious or depressed?
- 20-30 days
  - 10-20 days
  - 5-10 days
  - 1-5 days
  - None
  - Don't know/not sure
22. During the last 30 days, for about how many days have you felt very healthy and full of energy?
- 20-30 days
  - 10-20 days
  - 5-10 days
  - 1-5 days
  - None
  - Don't know/not sure
23. How long has it been since your last annual wellness checkup?
- Within the last year
  - Between 1-3 years
  - More than 3 years
24. Have you had a flu shot in the last year?
- Yes
  - No
  - No, but I plan to
  - Other (please specify)



25. Do you currently have any health goals that you are trying to reach?

- Yes
- No
- Other (please specify)

26. If yes, which of the following describes your health goals? Select all that apply.

- Get more exercise
- Lose weight
- Eat healthier foods
- Achieve better work/life balance
- Reach a fitness goal (i.e. run a 10k race)
- Improve a health problem I have now/prevent future health problems
- None of the above
- Other (please specify)

27. Please rank the progress you have made on your health goals this program year?

- Excellent
- Very good
- Good
- Fair
- Poor

28. Please select at least one challenge you face when making healthy lifestyle choices (trying to achieve a personal health or fitness goal).

- I cannot afford it
- I am not sure what I should be doing
- I do not have enough time
- I have trouble setting goals
- I am not interested in making changes right now
- I do not want to do it alone
- I currently do not face challenges with healthy lifestyle choices

### Program Components:

29. Which of the following would interest you if offered at the worksite? Please select your top 4 choices.

- Mental health/stress management education
- Tobacco cessation assistance
- Weight management assistance
- Walking and biking paths
- Prompts to take the stairs



- Company garden
  - Farmers market at work
  - Pre-diabetes/diabetes prevention and management education
  - Heart health/stroke prevention and management education
  - Cancer prevention
  - Ergonomics assistance/education for management of back pain
  - On-site exercise classes
  - Not interested in any of the above
  - Other (please specify)
30. Which of the following policy supports would be of interest to you if adopted at the worksite? Check all that apply.
- Healthy food/drinks at meetings and events
  - Healthy food/drinks in vending machines
  - Flexible work schedule
  - Flexible dress code for physical activity
  - Paid time for physical activity
  - Tobacco-free grounds
  - Not interested in any of the above
  - Other (please specify)
31. Which of the following components would you like to see offered through a worksite wellness program? Please select your top 4 choices.
- Newsletters
  - Educational webinars
  - Lunch-n-Learns
  - Healthy cooking demos
  - Wellness challenges
  - Walking programs
  - Walk/run events
  - On-site exercise classes
  - Group coaching sessions (Support Groups)
  - Weight loss competitions
  - Other (please specify)
32. What have you found are barriers to participating in our worksite wellness program? Check all that apply.
- I do not have the time
  - I am not interested
  - I do not want to be judged by co-workers
  - I do not feel supported in my work environment



- I think it may negatively affect my insurance rate
- Privacy
- I do not have barriers to participation at this time
- Other (please specify)

33. Which of the following incentives would best motivate you to make healthier lifestyle choices and to participate in a worksite wellness program?

- Prizes/give-a-ways
- Money/gift cards
- Discount insurance premiums
- Reserved parking spots
- Jean days
- Gym membership discount
- Walk/run event discounts
- Employee/department recognition
- I do not need an incentive to participate

34. Do you feel there is adequate communication about the wellness program?

- Yes
- No

35. What time of the day would you prefer to participate in on-site wellness activities?

- Early morning
- Mid-morning
- Lunch
- Afternoon

### **Suggestions for Program Improvement:**

36. What suggestions would you offer for making next year's wellness program more impactful?

- Insert comment box

37. What changes, if any, could be made to the work environment to better support healthier lifestyle practices? Please be specific.

- Insert Comment Box