



# Worksite Wellness Planning

## Initial Employee Assessment

The purpose of an initial employee assessment is to gauge your employees' interests, their willingness to participate in a worksite wellness program and their current health habits. This can be as simple as an online survey designed in a free survey builder or a printed Word document that you distribute to employees. Below is an example of a full initial assessment, including an introduction message. This example is designed to allow you to customize the questions and introduction message to your organization and population as needed. All questions below are optional.

### Sample Initial Employee Assessment

Colleagues,

Please note, this survey is anonymous. You are encouraged to answer honestly, as these results are key to implementing a successful worksite wellness program for our organization. As employees of **[organization name]**, we have a unique opportunity to set an example of health and wellness for our **[co-workers, families, partners, clients, patients, communities, etc.]** that we serve. This survey is comprised of questions to collect your perceived wants and needs to ensure our worksite wellness program is planned and implemented with your outlook in mind.

1. Please select your work location. (Only provide this question if your organization has multiple sites).
  - Worksite 1
  - Worksite 2
  - Worksite 3

### **Wellness Culture:**

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

2. Supporting employee wellness is among the top priorities in this organization as a whole.
  - Strongly Agree
  - Agree
  - Neither Agree nor Disagree
  - Disagree
  - Strongly Disagree



3. Living a healthy lifestyle is highly valued and supported in our work environment.
  - Strongly Agree
  - Agree
  - Neither Agree nor Disagree
  - Disagree
  - Strongly Disagree
  
4. 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
  
5. 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
  
6. 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
  
7. 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



8. 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:

9. Would you say that in general your health is \_\_\_\_\_?

- Excellent
- Very Good
- Good
- Fair
- Poor
- Don't know/not sure

10. 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

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

- Yes
- No

12. 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)
13. 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
14. 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
15. 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
16. Do you currently smoke or use other forms of tobacco products (e.g., dip, chewing tobacco, e-cigarettes)?
- Yes
  - No
17. 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
18. 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



19. 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
20. How long has it been since your last annual wellness checkup?
- Within the last year
  - Between 1-3 years
  - More than 3 years
21. Have you had a flu shot in the last year?
- Yes
  - No
  - No, but I plan to
  - Other (please specify)
22. Do you currently have any health or fitness goals that you are trying to reach?
- Yes
  - No
  - Other (please specify)
23. If yes, which of the following describes your health or fitness goals? Select all that apply.
- Get more exercise
  - Lose weight
  - Eat healthier foods
  - Achieve better work/life balance
  - Reach a fitness goal (e.g., run a 10k race)
  - Improve a health problem I have now/prevent future health problems
  - None of the above
  - Other (please specify)

### Program Components and Suggestions:

24. 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)

25. 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)

26. 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)



27. What are your anticipated barriers to participating in a 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)

28. 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

29. 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

30. How do you prefer to receive communication about the wellness program?

- Newsletters
- Emails
- Flyers
- Facebook
- Other (please specify)



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

- Early morning
- Mid-morning
- Lunch
- Afternoon

32. What changes, if any, could be made to the current work environment to better promote health and wellness? Please be specific.

- Insert comment box

SAMPLE