

APPENDIX C

Employee Needs & Interests Survey

Thank you for completing the Employee Habits and Interests Survey. Please know there are not right or wrong answers to these questions. Your responses will help your work-site better understand current health habits and interests of employees. Your completion of this survey is completely voluntary, and your responses will remain anonymous.

PHYSICAL ACTIVITY

This first set of questions will ask you about your current physical activity or exercise habits and interests.

1. How many days per week do you exercise?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 or more days

2. On the days when you exercise, about how long do you exercise on average?

- Less than 30 minutes
- 30 minutes
- Longer than 30 minutes

3. When do you perform most of your exercise each day?

- Before work
- During work hours on break or during lunch hour
- After work
- None, meaning I do not exercise or if I do, only on weekends

4. Do you participate in/use or have an interest in any of the following? Mark all that apply.

- Group exercise classes
 - Walking
 - Gym
 - Home fitness equipment
 - Other (please specify)
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5. If you do not participate in exercise, what are your reasons for not doing so? Mark all that apply.

- Too busy
 - No safe place
 - Economic reasons/Cannot afford
 - Lack of childcare
 - Other (please specify)
-

6. What physical activity resources most interest you? Mark all that apply.

- Corporate Fitness Membership Rates
 - Exercise Tolerance (STRESS) testing
 - Onsite, low-impact exercise equipment
 - Prescribed exercise programs
 - Stretching programs
 - Walkfit programs
 - Team competition
 - Discounted membership at local fitness centers
 - Group exercise
 - Other (please specify)
-

HEALTHY EATING

This set of questions will ask you about your current eating habits and interests.

7. How many servings of fruits do you eat in a typical day? A serving is 1/2 cup or 1 medium piece of most fresh or frozen fruits, 6 ounces of 100% juice and 1/4 cup of dried fruits.

- 0 servings
- 1 serving
- 2 servings
- 3 servings
- 4 servings
- 5 or servings

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8. How many servings of vegetables do you eat in a typical day? A serving is 1/2 cup or 1 medium piece of most fresh or frozen vegetables, 6 ounces of 100% juice and 1/4 cup of dried vegetables.

- 0 servings
- 1 serving
- 2 servings
- 3 servings
- 4 servings
- 5 or servings

9. How many servings of whole grains do you eat in a typical day? Examples of whole grains include whole grain breakfast cereals, whole wheat bread, brown rice, soft corn or whole wheat tortillas. A serving is one slice of bread, 1 ounce of cereal or 1/2 cup cooked rice or pasta.

- 0 servings
- 1 serving
- 2 servings
- 3 servings
- 4 servings
- 5 or servings

10. What nutrition resources interest you? Mark all that apply.

- Healthy cooking (meals/snacks)
 - Healthy eating (do's & don'ts)
 - Weight management programs (diet & exercise)
 - Onsite vending machines with healthy choices
 - Nutrition seminar
 - Receiving healthy eating tips via email
 - Other (please specify)
-



HEALTH

This last set of questions will ask you about other current health habits and interests.

11. Do you have someone you would call your doctor or primary care physician? You might also call this your medical home or doctor's office.

- Yes
 No

12. When was your last physical exam or routine care appointment with your doctor or primary care physician?

- In the last 12 months
 In the last 2 years
 In the last 3 years
 In the last 4 years
 5 or more years ago

13. Select the statement that best describes your current smoking habits.

- I have never smoked tobacco products.
 I smoked tobacco products in the past, but I quit.
 I currently smoke tobacco products.

14. Select the statement that best describes your current use of smokeless tobacco.

- I have never used smokeless tobacco products.
 I have used smokeless tobacco products in the past, but I quit.
 I currently use smokeless tobacco products.

15. About how many alcoholic drinks do you consume on a typical day? A drink is considered 12 ounces of beer, 5 ounces of wine or 1.5 ounces of liquor.

- I do not consume alcohol.
 1 drink
 2 drinks
 3 or more drinks

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16. How often during the past 30 days did you feel nervous or anxious?

- None of the time
- A little of the time
- Some of the time
- Most of the time
- All of the time

17. How often during the past 30 days did you feel sad, blue, or depressed?

- None of the time
- A little of the time
- Some of the time
- Most of the time
- All of the time

18. What psychological or mental health resources interest you? Mark all that apply.

- Stress reduction programs
- Depression treatment
- Job stress management
- Parenting programs
- Controlling anger/emotions programs

18. What psychological or mental health resources interest you? Mark all that apply.

- Stress reduction programs
 - Depression treatment
 - Job stress management
 - Parenting programs
 - Controlling anger/emotions programs
 - Other (please specify)
-



19. What health resources interest you? Mark all that apply.

- Smoking cessation programs
- Alcohol education programs
- Screening programs
- Immunization programs
- Back safety programs
- Cancer prevention seminars
- Heart disease prevention seminars
- Stroke prevention seminars
- Cholesterol reduction seminars
- Stress reduction seminars
- Visiting an onsite nurse
- Other (please specify)

20. What health resources interest you? Mark all that apply.

- Before work
- During lunch at work
- After work
- Other (please specify)

21. Please list any additional areas of interests or suggestions you might have to improve wellness at your worksite.

DEMOGRAPHICS

This last set of questions will ask you to provide a brief description of yourself.

22. What is your gender?

- Male
- Female



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23. Which of these groups best describes you?

- African-American
- White
- Hispanic/Latino
- Other _____

24. What is your age?

- 18-24 years
- 25-34 years
- 35-44 years
- 45-54 years
- 55-64 years
- 65-74 years
- 75 years or older

25. What is your household income before taxes for a year?

- Less than \$8,500
- \$8,500 to \$14,999
- \$15,000 to 24,999
- \$25,000 to 34,999
- \$35,000 to 44,999
- \$45,000 to 54,999
- \$55,000 or more
- Don't know/refuse

26. What is the highest level of education you have finished?

- Less than high school
- Graduated high school
- Some college or technical degree
- Bachelor's degree
- Some graduate education
- Advanced degree



27. What is your current marital status?

- Married
- Divorced
- Widowed
- Separated
- Never married
- A member of an unmarried couple

28. How many people, counting yourself and children, live in your household?

29. How many children live in your household?

