**WELLNESS** ELEVATION WELL-BEING SURVEY  ****  

*This survey aims to ask questions specific to your employees current understanding and perspective of their personal health and wellness beliefs, work environment and benefits. These responses help to understand your population and identify opportunities for programming and initiatives.*

**DEMOGRAPHICS:** *This information is useful to gather regarding survey respondents to determine potential segmentations or themes within specific demographics.*

Gender: M \_\_\_\_\_ F \_\_\_\_\_

Age Group: Under 21 \_\_\_\_\_ 21-30 \_\_\_\_\_ 31-40 \_\_\_\_\_ 41-50 \_\_\_\_\_ 51-60 \_\_\_\_\_ 60+ \_\_\_\_\_

Location: A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_ D \_\_\_\_\_ E \_\_\_\_\_ F \_\_\_\_\_ Remote/Other \_\_\_\_\_

Are you covered under your organizations health insurance plan: Yes \_\_\_\_\_ No \_\_\_\_\_

What are your working/shift hours: 1st Shift (8-5) \_\_\_\_\_ 2nd Shift (2-10) \_\_\_\_\_ 3rd Shift (12-8) \_\_\_\_\_

Job category: Salary \_\_\_\_\_ Hourly \_\_\_\_\_

When/How do you access the internet: Work Computer \_\_\_\_\_ Home Computer \_\_\_\_\_ Mobile Phone \_\_\_\_\_ I do not access the Internet \_\_\_\_\_

**HEALTH/WELL-BEING:** *This section helps gauge current employee health and well-being to determine current health state and health beliefs.*

*Sample: “Please respond yes or no to the statements below as they relate to your current health and well-being.”*

|  |  |  |
| --- | --- | --- |
| **STATEMENT** | **YES** | **NO** |
| I exercise for at least 30 minutes, three days or more a week: |  |  |
| In the past 12 months, I have made a donation of time or money to a community organization: |  |  |
| I have had my blood pressure checked within the last year: |  |  |
| I use tobacco (cigarettes, e-cigarettes, or chewing tobacco): |  |  |
| I eat 5 servings of fruits and vegetables each day: |  |  |
| I have had a major life event (moved, got married, had a baby, got a new job/promotion) in the last year: |  |  |
| I have a savings, 401K, retirement account or plan: |  |  |
| I am more than 20 pounds over my ideal weight: |  |  |
| I have a support system (family, friends, co-worker): |  |  |
| I get at least 7 hours of sleep at night (on average): |  |  |
| I practice some type of stress management on a regular basis: |  |  |
| In the last 12 months I have been absent from work more than 3 days due to personal illness or injury: |  |  |
| I have a purpose and/or personal goal(s): |  |  |
| I drink more than 1 alcoholic beverage per day (on average): |  |  |
| Being healthy is important to me: |  |  |
| I use a safety belt when I am in a car:  |  |  |
| I have savings in case of emergency (‘Rainy Day’ fund): |  |  |
| I take at least one medication regularly as treatment for a diagnosed health condition: |  |  |
| I feel safe in my home and/or neighborhood: |  |  |
| I am in control of my health: |  |  |

**ENVIRONMENT/SUPPORT:** *These questions helps identify employee perceptions and awareness of their work environment as it relates to supporting a healthy environment.*

*Sample: “Please respond yes or no to the statements below as they relate to your work environment.”*

|  |  |  |
| --- | --- | --- |
| **STATEMENT** | **YES** | **NO** |
| My company cares about my personal health: |  |  |
| I usually bring snacks and/or my lunch to work: |  |  |
| Healthy food options are provided as snacks, celebrations, and/or at meetings: |  |  |
| I have access to store, prepare and eat meals (sink, refrigerator, microwave, etc.) at work: |  |  |
| The cafeteria provides healthy food options for purchase (fresh fruit, vegetables, whole grains, unsweetened beverages): |  |  |
| There are healthy snack options in the vending machine(s): |  |  |
| The cafeteria and vending machines provide nutrition information: |  |  |
| I take the stairs whenever possible: |  |  |
| The stairwells are clean and safe: |  |  |
| I usually exercise or take a walk at lunch or during breaks: |  |  |
| There are safe, designated walking paths and/or areas to exercise:  |  |  |
| There are showers and/or changing facilities available:  |  |  |
| My work area is safe, well-lit and doesn’t cause unnecessary strain on my body: |  |  |
| I have completed an ergonomic assessment and/or completed a safety training: |  |  |
| Overall, I feel like my work environment is healthy: |  |  |
| I have at least one co-worker whom I can speak with on a personal level: |  |  |
| I feel my work is meaningful to our company’s purpose: |  |  |
| I am comfortable being myself at work: |  |  |
| Company leaders model good health practices: |  |  |
| I am secure and satisfied in my job and with my employer: |  |  |

**BENEFITS/INFORMED CONSUMER:** *This set of questions provide insight as to employee understanding and beliefs with regard to their benefits, as well as identifying if you have informed health consumers.*

*Sample: “Please respond yes or no to the statements below as they relate to your employee benefits.”*

|  |  |  |
| --- | --- | --- |
| **STATEMENT** | **YES** | **NO** |
| I have and use a medical self-care book: |  |  |
| I am aware of my company’s Employee Assistance Program and how to use it: |  |  |
| I understand my benefits: |  |  |
| I have used Telehealth/Telemedicine: |  |  |
| I have a physician and see him/her at least once per year: |  |  |
| I am current in my preventive screenings and vaccinations: |  |  |
| I trust my physician and am truthful with him/her when discussing my health: |  |  |
| I have received the flu vaccine this season: |  |  |
| I have been to the dentist in the last year: |  |  |
| I have had my vision checked within the last 2 years: |  |  |
| I have reached my healthcare maximum deductible this year: |  |  |
| I have a health savings account: |  |  |
| I value my benefits: |  |  |
| I have gone to an Emergency Room in the last year: |  |  |
| I have gone to an Urgent Care facility in the last year: |  |  |
| I participate in our company wellness program: |  |  |
| I have gotten a second opinion regarding a diagnosis: |  |  |
| I have researched healthcare costs or used a price comparison tool: |  |  |
| I participate in my company’s 401K/Retirement program: |  |  |
| I know who to contact if I have questions about my benefits: |  |  |