

School Employee Health and Well-being Needs and Interest Survey

This is an anonymous survey to better understand the specific health and well-being needs and interests of all school staff. We are seeking your feedback to help us plan and shape a school employee wellness program that it is meaningful and engaging to staff. By gathering your input, we can help develop a program that empowers you to achieve your personal and professional health and well-being goals. Please be candid with your answers to reflect your thoughts, ideas and experience. Only collective results will only be used and reported to plan and implement a school employee wellness program at our district.

1. How interested are you in participating in an employee wellness program at work?
 - a. Very interested, sign me up!
 - b. Interested, tell me more
 - c. Maybe, it depends on what I have to do
 - d. Not interested right now

2. What time of day would be most convenient for you to take part in wellness program activities?
 - a. Before school/work
 - b. During the school/work day
 - c. Right after school/work
 - d. During week day evenings
 - e. Weekends

3. How would you prefer to receive information regarding wellness activities, events and updates? (Check all that apply.)
 - Hard copy materials (newsletters, flyers, memos)
 - Email messages from wellness coordinator/team
 - Superintendent or principal's announcements
 - Wellness website
 - Wellness champions at my school/district site
 - Staff meetings
 - Staff room bulletin boards
 - Social media such as Facebook, Twitter
 - Other, please specify: _____

4. What barriers would keep you from participating in an employee wellness program at work? (Check all that apply.)
 - Inconvenient time or location
 - I don't feel I have time in my personal schedule OUTSIDE OF WORK to take part
 - I don't feel I have time in my schedule AT WORK to take part

- I am concerned about others knowing about my personal health
- I don't think my principal or the district would be supportive
- I already exercise and eat healthy on my own
- I am just not interested right now
- Other, please specify: _____

5. If you are not interested in participating in an employee wellness program, which, if any, of the following factors would motivate you to be involved? (Check all that apply.)

- Incentives (gift cards, food, prizes, etc.)
- Child care at wellness meetings and activities
- Support from district and building leadership
- Encouragement from coworkers
- Employee personal health and well-being success stories
- Dedicated time during the work day for activities
- The program activities and events are relevant to my personal health needs
- Learning more about the employee wellness program
- Other, please specify: _____

6. Please indicate your level of interest in the following health and well-being topics:

	Very interested	Somewhat interested	Not interested
Diabetes management	1	2	3
Cancer prevention	1	2	3
Back care	1	2	3
Managing blood pressure	1	2	3
Smoking cessation	1	2	3
Physical activity	1	2	3
Healthy weight management	1	2	3
Living with arthritis	1	2	3
Healthy eating	1	2	3
Men's health	1	2	3
Learning about health benefits and how to access them	1	2	3
Women's health	1	2	3
Preventing heart disease and stroke	1	2	3
Financial management	1	2	3
Managing chronic stress	1	2	3
Emotional and mental well-being	1	2	3
Injury prevention	1	2	3
Sleep	1	2	3
Practicing self-care	1	2	3
Other, please specify:			

7. Please indicate your level of interest in participating in the following:

	Very interested	Somewhat interested	Not interested
Electronic health and wellness information such as newsletters or articles	1	2	3
Hard copy health and wellness information such as newsletters or articles	1	2	3
Onsite fitness classes such as aerobics, Pilates, Zumba, stretching, and strength	1	2	3
Mindfulness classes to include yoga, tai chi, and Quong Chi	1	2	3
Flu shot clinic	1	2	3
Bike and Walk to Work program	1	2	3
Onsite fitness or wellness center	1	2	3
Fitness/wellness challenges such as walking challenge, water drinking challenge and healthy eating	1	2	3
Financial management classes	1	2	3
Healthy eating cooking classes and meal planning strategies with recipes	1	2	3
Healthy weight management program	1	2	3
Walking groups	1	2	3
Tobacco/smoking cessation programs	1	2	3
Classes on managing diabetes, high blood pressure or high cholesterol	1	2	3
Back care classes	1	2	3
Group hikes, bowling, and other activities to promote social well-being among staff	1	2	3
Support for staff team sports	1	2	3
Self-care strategies to promote well-being	1	2	3
Men's health classes/information	1	2	3
Women's health classes/information	1	2	3
Staff room renovation and rejuvenation	1	2	3
Health and well-being book clubs	1	2	3
Arts and crafts classes	1	2	3
Other, please describe:			

8. Please list the top 3 things that could be done to promote employee wellness at your school/district.

9. Would you be interested in joining an employee wellness committee to help plan and implement an employee wellness program for your school/district?
- Yes
 - No thanks
- ❖ If you are interested in serving on the school/district’s employee wellness committee, please contact our Wellness Coordinator at _____.

10. Which of the following best describes your level of readiness for making health and well-being lifestyle and behavior changes? (Check only one answer.)

- I do not feel the need for help with my lifestyle or health
- I have been thinking about changing some of my health behaviors
- I am planning on making behavior changes in the next 30 days
- I have made some behavior changes, but I still have trouble following through
- I have had a healthy lifestyle for years

11. Please indicate whether you “already do”, “would like to do” or have “no interest” in each of the statements below.

	Already do	Would like to do	No interest
I exercise vigorously at least 20 minutes three or more times each week.	1	2	3
I exercise moderately for 30 minutes three or more times each week.	1	2	3
I am tobacco-free.	1	2	3
I eat a balanced diet which includes all the food groups.	1	2	3
I eat 5 servings of fruits and vegetables a day	1	2	3
I eat breakfast regularly.	1	2	3
I am able to cope with the stress and demands of my work.	1	2	3
I practice self-care to stay physically and emotionally healthy and well.	1	2	3
I have my blood pressure checked annually.	1	2	3
I regularly wear a seat belt when I am in a motor vehicle.	1	2	3
I consume no more than two drinks containing alcohol each day.	1	2	3
I drink 6-8 glasses of water every day.	1	2	3
I get 8 hours of sleep most nights.	1	2	3
I am able to successfully manage my budget	1	2	3

I am able to spend time with my family and friends	1	2	3
I practice mindfulness or yoga.	1	2	3
I am confident in my ability to manage chronic health conditions and risk factors, such as high blood pressure, maintain a healthy weight, living with arthritis or diabetes.	1	2	3
I am able to connect with supportive colleagues at work.	1	2	3
I treat myself with compassion and take time to nurture myself (including eating right, exercising, and getting enough sleep).	1	2	3

12. Please tell us a little about yourself. Check all that apply:

What is your gender?

- Male
- Female
- Other
- Prefer not to say

What is your age?

- 20–30 years old
- 31–45 years old
- 45+ years old
- Prefer not to say

Where do you work? Please list your school/district/ESD/Community college buildings

What is your position?

- Certified teacher or course instructor
- District Administrator
- Building/Department Administrator
- Counselor
- School Nurse
- Food/Nutrition Services staff
- Transportation staff
- Facilities staff
- Para-educator or instructional aide
- District Office staff
- Building/Department Office staff
- Other

Thank you for completing this survey! We truly appreciate your time and thoughts. Your feedback is essential to planning a meaningful and robust wellness program for our staff!

Sources: Adapted from DHPE School Employee Wellness Guide, Alliance for a Healthier Generation School Employee Wellness Survey and Centennial School District.