

## OEA Choice Trust Abbreviated Well-being Needs and Interest Survey

- During these challenging times, our Education Employee Well-being Program (EEW) is here to support you! We want to ensure our program is staff driven and that activities and events offered meet your needs and interests and fit into your schedule.
- The purpose of this survey is to better understand the pressing health and well-being needs of our staff. The feedback you provide will help us determine what activities and events to offer and how to offer them. The data can also inform our action planning for next year.
- This survey is anonymous so please answer each question honestly.
- Thank you so much for your time and participation!

1. A wellness team has been formed with representatives from our district to guide the planning and implementation of our employee well-being program. Do you know there is a team that you can provide feedback to about the program? If you are interested in joining please contact \_\_\_\_\_.

- Yes
- No

2. Given where we are today, what are your most pressing health and well-being needs? Please select your top 3 well-being priorities.

- Nutrition
- Physical activity
- Financial well-being
- Emotional well-being and mental health
- Social well-being
- Personal safety
- Resilience
- Breaking down isolation/building connections
- Coping with stress
- Other, please specify

3. Our employee well-being program has plans to offer the following well-being activities, events and resources. Please check all well-being activities that you are interested in participating. **(Tailor to your action plan)**
4. Please list any other well-being program activities or events that you would be interested participating in the future:

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5. Given the current situation, how would you prefer to participate in well-being activities, events and opportunities? (Check all that apply)

- Virtual meetings, classes and events
- Safe social distancing that follows the district's COVID-19 guidelines
- Webinars
- Well-being challenges
- Staff meetings
- Other (please specify)

6. What time of day would be most convenient for you to take part in well-being program activities?

- Before school/work
- During the school/workday
- Right after school/work
- During weekday evenings
- Weekends

7. How many times a month would you be interested in participating in a well-being activity?

- 1-2
- 3-4
- 5-6
- 7-8

8. What is the best way to communicate and connect about our wellness resources, information, and program offerings? (Check all that apply)

- Email messages from wellness coordinator/champions
- Webinars
- Newsletters
- Blog Posts
- Social Media
- Wellness Website
- Direct Mail
- Staff Meetings
- Other (please specify)

9. What challenges do you anticipate that would prevent you from participating in our EEW program?

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10. Please indicate how you would describe your overall satisfaction with the EEW program.

- Very unsatisfied
- Unsatisfied
- Satisfied
- Very satisfied
- Have not participated