

## School Employee Health and Well-being Annual Survey

*Greetings! This is an anonymous survey to better understand the health and well-being interests/needs, participation, and successes during this past year. We are asking for feedback to help us plan, implement, and/or improve school employee well-being opportunities that are meaningful and engaging to employees. We also want to learn more about the benefits that employee well-being programs have, or could bring, to employees. There are no right or wrong answers. Please be candid with your answers to reflect your thoughts, ideas, and experience. We will protect your privacy by reporting and using group results to plan, implement, and improve school employee well-being.*

To help you better understand what is meant by several terms throughout the survey, we've included the following definitions:

- Health: A state of physical, mental, and social well-being; not merely the absence of disease or infirmity
- Wellness: A lifelong journey, an active process of making daily choices and commitments to be healthy and well
- Well-being: The way you feel, the way you function and how you judge your life; five essential well-being elements include physical, social, emotional, financial, and purpose, which interact to support living well and flourishing
- Worksite Wellness: An organized, employer-sponsored initiative designed to support employees to adopt behaviors that reduce health risks, improve quality of life, maximize personal effectiveness, and benefit the organization's mission and vision

*Thank you for completing this survey! We truly appreciate your time and thoughts. Your feedback is essential to planning and sustaining a meaningful well-being program for employees.*

## Awareness and Connections

1. Do you know that there is an employee wellness committee/team in your organization that you can provide feedback to about our employee well-being program?  
 YES  NO
  
2. During the past 12 months, have you been in contact with the wellness committee/team or a building champion?  
 Yes, I have provided suggestions or feedback to the employee wellness committee (this does not include completing the annual survey)  
 Yes, I have talked with a member of the employee wellness committee  
 No, I didn't know who or how to contact the employee wellness committee  
 No, I am not interested in contacting the employee wellness committee

If you are interested in serving on the wellness committee/team, please contact our wellness coordinator at \_\_\_\_\_.

3. During the past 12 months, please indicate the extent to which you agree that the following outreach strategies are an effective way for you to learn about employee well-being.

	Strongly Disagree	Disagree	Agree	Strongly Agree
Hard copy materials (flyers, memos)	1	2	3	4
Newsletters (Health/Wellness, Human Resources, etc.)	1	2	3	4
Email messages	1	2	3	4
Announcements from leadership	1	2	3	4
Wellness Website	1	2	3	4
Wellness Champions at my worksite	1	2	3	4
Wellness Committee announcements and outreach	1	2	3	4
Union outreach	1	2	3	4
Staff meetings	1	2	3	4
Staff room bulletin boards	1	2	3	4
Social media such as Facebook, Twitter	1	2	3	4
From other employees	1	2	3	4
Other	1	2	3	4

## Employee Well-being Program Participation and Feedback

4. Within the last 12 months, did you participate in our employee well-being program?  
 YES     NO

5. During the past 12 months, please indicate the extent to which you agree that the following supports have helped you participate in employee well-being opportunities, classes, and/or activities/events.

	Strongly Disagree	Disagree	Agree	Strongly Agree
Incentives such as water bottles, food, prizes, T-shirts, etc.)	1	2	3	4
Child care at wellness meetings and activities	1	2	3	4
Support and encouragement from district leadership	1	2	3	4
Encouragement from coworkers	1	2	3	4
Employee personal health and well-being success stories	1	2	3	4
Dedicated time during the work day for activities	1	2	3	4
Program activities and events that are relevant to my personal health and well-being needs	1	2	3	4
Learning more about the employee well-being program	1	2	3	4
Friendly competition	1	2	3	4
Common goal to work toward with colleagues	1	2	3	4
Protections to ensure privacy about my personal health and well-being	1	2	3	4
Support and encouragement from my principal	1	2	3	4
Other	1	2	3	4

6. Please list the top 3 things that supported your participation in employee well-being classes, presentations, or activities (Feel free to use the back of this page if needed)

7. If you participated in one of the wellness challenges (insert challenges offered to your staff, for example, Walking Challenge, Walker Tracker Challenges), please select all that apply below.
- I sign up for the challenges because they help keep me motivated to improve my health.
  - Incentives like T-shirts and prizes motivate me to sign up and participate.
  - I enjoy friendly competition; it motivates me to stay involved.
  - I like having a common goal among my co-workers.
  - Other, please specify \_\_\_\_\_.
8. If you did not participate in any wellness challenges, briefly describe why not.

9. ***If you did not participate in the employee well-being program***, what kept you from participating in an employee well-being program at work? (Check all that apply.)
- The time or location is inconvenient.
  - 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 would be supportive.
  - I don't think this is a district priority.
  - I already exercise and eat healthy on my own.
  - It doesn't address my health and well-being needs and interests.
  - I am just not interested right now.
  - Other, please specify: \_\_\_\_\_.

## Individual Health and Well-being

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. During the past month, 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 am moderately physically active 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, maintaining 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. If you have participated in the well-being program, please share a success describing how you have benefited from your experience(s).

This survey has been adapted from the following sources: Gallup-Healthway Well-being Index, Everett School District Employee Wellness Program Survey, Nan Henderson’s Resiliency Quiz, and Chapman Institute Annual Program Evaluation Survey.

13. Please indicate your overall satisfaction with the employee well-being program.

- Very satisfied
- Satisfied
- Not satisfied
- Not very satisfied

**Individual Health and Well-being**

14. During the past 12 months, please indicate the extent to which you agree with the following statements about how the employee well-being program helped improve your health, well-being, and resilience.

	Strongly Disagree	Disagree	Agree	Strongly Agree
Demonstrated that my health and well-being is an important priority for our administration and leadership	1	2	3	4
Improved my overall health and well-being	1	2	3	4
Increased my ability to practice self-care to stay physically and emotionally healthy and well	1	2	3	4
Learned information that increased my confidence in making health-related decisions	1	2	3	4
Increased my readiness to make positive health-related behavior changes	1	2	3	4
Made at least one significant health behavior change to promote my physical, emotional, and social well-being	1	2	3	4
Increased my energy and focus to get things done at work	1	2	3	4
Increased my energy level and focus when I am at home	1	2	3	4
Helped me enjoy coming to work more	1	2	3	4
Coped better with the stress and demands of my work.	1	2	3	4
Reduced the number of work days I miss due to illness, injury, or stress	1	2	3	4
Improved job satisfaction	1	2	3	4

15. One of the priorities of our employee well-being program is to create a positive and healthy work environment that supports the well-being and resilience of staff. Please tell us how much you agree or disagree with the following statements on a scale of 1 to 4, with 1 being **Strongly Disagree** and 4 being **Strongly Agree**.

	Strongly Disagree	Disagree	Agree	Strongly Agree
I am involved in a workplace where I feel cared about, valued, and respected.	1	2	3	4

I get the message at work that “I can succeed” in my responsibilities.	1	2	3	4
Staff teams are recognized for their efforts and excellence.	1	2	3	4
My opinions and ideas are listened to and respected at my work and school.	1	2	3	4
There is an atmosphere of trust and mutual respect among all staff members.	1	2	3	4
There is an atmosphere of trust and mutual respect among staff members and administrators.	1	2	3	4
When applicable, the school staff has an effective process for making group decisions to collaboratively plan and solve problems.	1	2	3	4

## Workplace Culture and Climate

16. During the past 12 months, please indicate the extent to which you agree with the following statements about how the employee well-being program has helped your workplace.

	Strongly Disagree	Disagree	Agree	Strongly Agree
Developed a more healthy, positive, and resilient work culture	1	2	3	4
Strengthened employee morale	1	2	3	4
Created a greater sense of camaraderie at work	1	2	3	4
Resulted in more conversations and support for my health and well-being by my colleagues	1	2	3	4
Provided healthier food options for meetings, events, or in the employee break room	1	2	3	4
Increased access to water at work	1	2	3	4
Provided access to a staff room or wellness space that supports my self-care	1	2	3	4
Increased access to walking track/paths at work	1	2	3	4
Allocated funding or resources for employee well-being	1	2	3	4
Increased involvement of district and school administrators in employee well-being activities	1	2	3	4
Included employee well-being goals in the district and/or building level strategic plans	1	2	3	4

17. **What is your gender?**

- I identify as a woman
- I identify as a man

- I identify as non-binary, genderfluid, genderqueer, transgender or agender
- I prefer not to say

**18. What is your age?**

- 18-30 years old
- 31-50 years old
- 51+ years old
- I prefer not to say

**19. Where do you work? Please list your school/district/ESD/Community college**

- K-12 public school or district: \_\_\_\_\_
- Education Service District \_\_\_\_\_
- Community College \_\_\_\_\_

**20. 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:

**21. How many years have you been employed in the district?**

- 1–3 years
- 4–10 years
- 11–20 years
- 20+ years

*Thank you for completing this survey! We truly appreciate your time and thoughts. Your feedback is essential to planning and sustaining a meaningful well-being program for employees.*