

**Abbreviated Education Employee Well-being Needs and Interest Survey**

*Directions: This is an anonymous survey to better understand your health and well-being needs and interests. This short survey will help us create well-being program offerings that are staff-driven, relevant to you, and fit into your schedule. 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.*

*Only collective results will only be used and reported to plan and implement an education employee well-being program at our organization. You may skip any question you are not comfortable answering. Thanks in advance for your time and participation!*

1. How interested are you in participating in an employee well-being program at work?
	* Very interested, sign me up!
	* Interested, tell me more
	* Maybe, it depends on what is offered
	* Not interested right now
2. Do you have any accommodations or accessibility supports you would need in order to participate in a well-being program? (Examples: closed captioning, interpreter etc.)
	* Yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	* No
3. What time of day would be most convenient for you to take part in well-being program activities? *\*Note: you can add specific times for your respondents to select*
	* Mornings
	* During the workday
	* Evenings
	* Weekends
4. How would you prefer the well-being opportunities to be offered? (Check all that apply.)
	* Virtual
	* Hybrid
	* In-person
5. How interested are you in each of the following well-being categories? (1- Not interested to 3- Very interested)

|  |  |  |  |
| --- | --- | --- | --- |
| Well-being Categories | **Not interested** | **Somewhat interested** | **Very interested** |
| Community Building and Belonging (having a sense of engagement where you work and/or equity, diversity and inclusion) | 1 | 2 | 3 |
| Mental and Emotional (ability to manage stress and meet everyday demands) | 1 | 2 | 3 |
| Purpose (having a sense of meaning, feeling like you are living according to your values and goals) | 1 | 2 | 3 |
| Financial (managing your economic life to reduce stress and increase security) | 1 | 2 | 3 |
| Physical (having good health and enough energy to get things done on a daily basis) | 1 | 2 | 3 |
| Social (having strong relationships and connections in your life) | 1 | 2 | 3 |

1. How interested are you in participating in each of the following well-being opportunities? *\*Feel free to edit this section to include well-being offerings that may be more interesting or realistic for your staff*

|  |  |  |  |
| --- | --- | --- | --- |
| Community Building and Belonging | **Not interested** | **Somewhat interested** | **Very interested** |
| Identity and inclusion support around race-based traumatic stress | 1 | 2 | 3 |
| Workshops on best workplace practices (conflict resolution, trauma-informed workplaces, communication skills, etc.) | 1 | 2 | 3 |
| Diversity, equity, inclusion, and accessibility professional development trainings | 1 | 2 | 3 |
| Other, please describe: |
| Mental and Emotional | **Not interested** | **Somewhat interested** | **Very interested** |
| Mental health facilitated offerings (grief support, peer support, emotional regulation support, etc.) | 1 | 2 | 3 |
| A staff relaxation room onsite | 1 | 2 | 3 |
| Mindfulness or therapeutic art class | 1 | 2 | 3 |
| Other, please describe: |
| Purpose | **Not interested** | **Somewhat interested** | **Very interested** |
| A challenge with incentives for participating (21 Days of Gratitude challenge, Random Acts of Kindness Challenge etc.) | 1 | 2 | 3 |
| Staff recognition or participation prizes | 1 | 2 | 3 |
| A purpose workshop | 1 | 2 | 3 |
| Other, please describe: |
| Financial | **Not interested** | **Somewhat interested** | **Very interested** |
| A financial wellness workshop  | 1 | 2 | 3 |
| A retirement planning workshop | 1 | 2 | 3 |
| A student loan forgiveness workshop | 1 | 2 | 3 |
| Other, please describe: |
| Physical | **Not interested** | **Somewhat interested** | **Very interested** |
| Healthy snacks and beverages onsite | 1 | 2 | 3 |
| Challenges with incentives for participation (movement challenges, hydration challenges, etc.) | 1 | 2 | 3 |
| Onsite or virtual fitness classes such as aerobics, Pilates, Zumba, stretching, and strength training | 1 | 2 | 3 |
| Other, please describe: |
| Social | **Not interested** | **Somewhat interested** | **Very interested** |
| A group activity (potluck, end of year celebration, paint night etc.)  | 1 | 2 | 3 |
| A staff room makeovers | 1 | 2 | 3 |
| Staff games (Bingo cards, drawings, competitions etc.) | 1 | 2 | 3 |
| Other, please describe: |

1. Would you be interested in joining an employee wellness committee to help plan and implement an employee well-being program for your organization?
	* Yes
	* No thanks
* If you are interested in serving on the wellness committee, please contact our Wellness Coordinator at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
1. If rewards or incentives were offered as a part of wellness program at work, what type would you prefer? (Check all that apply.)
	* Merchandise (water bottles, shirts etc.)
	* Personal recognition
	* Social opportunities focused on well-being
	* Gift cards (grocery store, retail store, movies etc.)
	* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Please indicate how you would describe your overall satisfaction with current well-being program offerings.
	* Very satisfied
	* Satisfied
	* Unsatisfied
	* Very unsatisfied
	* I have not participated
3. Our goal is to design a well-being program that is meaningful and engaging to you. If you’d like, please tell us about yourself so we can better support you (Check all that apply.)

**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

**What is your age?**

* 18-30 years old
* 31–50 years old
* 51+ years old
* Prefer not to say

**Where do you work?** *List your school/district/ESD/community college buildings*

*

**What is your position? \****Note: You can add additional positions that apply to your specific organization*

* Certified teacher or course instructor
* Administrator (superintendent, assistant superintendent, president, vice president, etc.)
* Building/department administrator (principal, director, etc.)
* Counselor
* School nurse
* Food/nutrition services staff
* Transportation staff
* Facilities staff
* Para-educator or instructional aide
* Office staff
* Technology department
* Building/department office staff

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