

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 staffdriven, 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?

- Ury 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

6. 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	Somewhat	Very
	interested	interested	interested

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

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

- 7. 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 ______.
- 8. 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: ______
- 9. 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
- 10. 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*

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

- □ 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!