



Wellness in the Workplace

WELLNESS INTERESTS SURVEY

Please print out this form, fill it out, and return it to my desk within this week. Thank you!

As part of our commitment to helping our employees be the best they can be, your wellness is important to us. We are interested in knowing what wellness programs you would like us to consider offering in the future. To help you achieve your specific health and wellness goals, we need your input! Your survey answers will help us develop future wellness programming. Your participation and answers are completely voluntary and should only take a few minutes.

1. Background information: This question is voluntary, but would be helpful to tailor wellness offerings...

Gender: Male Female **Age:** 18 - 30 31 - 40 41 - 50 51+

2. Would you like to participate in a wellness activity or program if offered to you at work? Yes No

3. One wellness program includes on-site massage therapy. If you are interested, how long and how often would you like to be treated? Please select all answers that apply and see below ** for massage descriptions.

<input type="checkbox"/> 10-min seated chair massage**	<input type="checkbox"/> Twice per week	<u>Would you participate if:</u>
<input type="checkbox"/> 15-min seated chair massage**	<input type="checkbox"/> Once per week	<input type="checkbox"/> Company pays 100%**
<input type="checkbox"/> 20-min seated chair massage**	<input type="checkbox"/> Every other week	<input type="checkbox"/> Company pays 50% & employee pays 50%**
<input type="checkbox"/> 30-min table massage**	<input type="checkbox"/> Once per month	<input type="checkbox"/> Employee pays 100%**
<input type="checkbox"/> 60-min table massage**	<input type="checkbox"/> Every few months	

** Seated chair massage is a fully-clothed treatment on a professional massage chair and costs roughly \$1.50/min. Table massage is on a professional massage table with linens and costs roughly \$2.50/min. Both massages include music, aromatherapy and rejuvenating facial mist. Additionally, the table massage also includes moisturizing hand treatment and an antioxidant drink.

4. What time of day would you be most likely to participate in on-site massage, or a wellness program? (Please select all answers that apply.)

<input type="checkbox"/> Monday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Morning	<input type="checkbox"/> A.M. before work
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Friday	<input type="checkbox"/> Lunchtime / afternoon	<input type="checkbox"/> P.M. after work
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Evening	<input type="checkbox"/> Any day or time

5. Please check all topics and services below that you are interested in and would probably participate. Please select all answers that apply, as we want to tailor our wellness program to meet your needs and wants.

<input type="checkbox"/> Seated chair massage**	<input type="checkbox"/> Safer cleaning supplies	<input type="checkbox"/> Healthy cooking	<input type="checkbox"/> Men's health
<input type="checkbox"/> Table massage**	<input type="checkbox"/> Natural cleaning service	<input type="checkbox"/> All natural facials	<input type="checkbox"/> Woman's health
<input type="checkbox"/> Wellness lectures	<input type="checkbox"/> Back injury prevention	<input type="checkbox"/> Nutrition	<input type="checkbox"/> Parenting
<input type="checkbox"/> Acupuncture	<input type="checkbox"/> Cholesterol management	<input type="checkbox"/> Stress management	<input type="checkbox"/> Work/Life balance
<input type="checkbox"/> Chiropractic	<input type="checkbox"/> Smoking cessation	<input type="checkbox"/> Weight management	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Feng Shui	<input type="checkbox"/> Office ergonomics	<input type="checkbox"/> Physical activity/stretching	_____

6. How long should a wellness activity last? 15 min 30 min 45 min 60 min

7. How do you like to learn about health and lifestyle information? (Please select all answers that apply.)

<input type="checkbox"/> Email/internet	<input type="checkbox"/> Group support	<input type="checkbox"/> 1-on-1 counseling	<input type="checkbox"/> Self-directed programs
<input type="checkbox"/> Books/Materials	<input type="checkbox"/> Health fairs	<input type="checkbox"/> Phone counseling	<input type="checkbox"/> Videos
<input type="checkbox"/> CD/DVD	<input type="checkbox"/> Health screenings	<input type="checkbox"/> Online programs	
<input type="checkbox"/> Audio cassette	<input type="checkbox"/> On-site workshops	<input type="checkbox"/> Physician	

8. Where is the most convenient place to access the internet? Work Home Both

*** If you would like to receive monthly information about health-related topics, massage discounts, and special programs from Wellness in the Workplace, please indicate by putting your email address(es) here:

Work email: _____ Home email: _____

9. OPTIONAL: Would you be willing to help plan and promote health activities at the worksite? If yes....

Name: _____ Phone + Ext: _____