

Employee Wellness Survey

1. Introduction: Employee Wellness Survey

This survey can be printed out or [copy and pasted](#) into an online survey program such as Survey Monkey. It is recommended to use an online survey program in order to have the program analyze results and trends for you. If you chose to administer the survey in paper, you will need to analyze themes and results by inputting response totals into a Microsoft Excel sheet or Word document and insure the survey pick up and drop off location is secure but anonymous.

This survey is meant to be filled out by **all employees at all levels of the organization**. The survey should take between 10-20 minutes to fill out and should be anonymous. It is recommended to keep a record of this survey and repeat the survey annually to keep track of progress.

Purpose of Employee Wellness Survey

Use the following questions to:

- Establish what your employees are looking for in a workplace wellness program
- Identify wellness themes that are of interest to your employees
- Identify how employees are looking to receive wellness information

After completion, review this survey in conjunction with the results of the Workplace Assessment Survey in order to identify themes and gaps in your workplace wellness environment. Program planning should be informed by this process.

2. Demographics

1. Gender

- Male
- Female
- Other

2. Age group

- Under 21
- 21-30
- 31-40
- 41-50
- 51-60
- Over 60

3. Physical Activity

3. In a typical week, how many days are you active for at least 30 minutes (where you sweat and have an increased heart rate)?

- None
- 1-2 days
- 3-4 days
- 5-7 days

4. Thinking back over the past 3 months, which of the following best describes your usual daily activities or work habits?

- Usually sit during the day and don't walk around very much
- Stand or walk quite a bit during the day but don't have to carry or lift things very often
- Usually lift or carry light loads, or have to climb stairs or hills often
- Do heavy work or carry very heavy loads

5. On average, how many days per week do you walk or bicycle as a way of getting to or from work?

- None
- 1-2
- 3-4
- 5-7

6. According to Health Canada, how many minutes of physical activity are recommended per week for adults to maintain a healthy lifestyle?

- 50 minutes/week
- 100 minutes/week
- 150+ minutes/week
- 300+ minutes/week

7. On a scale of 1 to 5, how interested are you in increasing your level of physical activity?

1 - Not at all
interested

2

3

4

5 - Extremely
interested

Interest in increasing
physical activity

4. Healthy Eating

8. On average, how many servings of vegetables and fruit do you have per day (a serving is equal to 1/2 a cup or the size of a baseball)?

- Less than 5 servings
- At least 5 servings
- More than 5 servings

9. According to Canada's Food Guide, how many servings per day from each food group is recommended?

	1-2	2-3	3-4	4-5	5-6	7+
Vegetables and Fruit (one serving = 1/2 cup fresh, frozen or canned veg or fruit, 1 medium piece of fruit or 1 cup of salad)	<input type="radio"/>					
Grain Products (one serving = 1 slice of bread, 1/2 pita or tortilla, 1/2 cup of cooked rice or pasta)	<input type="radio"/>					
Milk and Alternatives (one serving = 3/4 cup of yogurt, 1 cup of milk, 2 slices of cheese)	<input type="radio"/>					
Meat and Alternatives (one serving = 2.5 oz (75 g) of cooked poultry or fish, 3/4 cup cooked legumes/beans, 2 eggs, 1/4 cup of unsalted nuts or seeds)	<input type="radio"/>					

10. On a scale of 1 to 5, how interested are you in making changes to your eating habits?

1 - Not at all
interested

2

3

4

5 - Extremely
interested

Interest in making
changes

**5. Tobacco
Use**

11. At the present time do you use tobacco (eg. cigarettes, cigars, chew, pipe)?

- Daily
- Occasionally
- Not at all

6. Follow-Up Tobacco Use

12. When you used any of the following, how much/how many did you use per day?

Cigarettes

Cigars

Snuff

Dip/Chew

Pipe

E-Cigarettes

13. Where do you use tobacco most often?

- At home
- At work
- In social settings
- All of the above
- Other (please specify)

14. Are you seriously thinking about quitting tobacco?

Yes

No

Within the next 6 months?

Within the next 30 days?

15. In the past 12 months, did you stop using tobacco for at least 24 hours because you were trying to quit?

- Yes
- No

16. How many times in the past 12 months did you stop using tobacco for at least 24 hours because you were trying to quit?

**7. Alcohol
Consumption**

17. During the past 12 months, how often did you drink alcoholic beverages?

- Never
- Less than once a month
- Once a month
- 2 to 3 times a month
- Once a week
- 2 to 3 times a week
- 4 to 6 times a week
- Every day

8. Follow Up - Alcohol Consumption

18. How often in the past 12 months have you had 5 or more drinks on one occasion?

- Never
- Less than once a month
- Once a month
- 2 to 3 times a month
- Once a week
- More than once a week

19. To reduce your risk of cancer, the Canadian Cancer Society recommends you limit your alcohol intake to less than:

- 2 drinks per day for women and 3 drinks per day for men
- 1 drink per day for women and 2 drinks per day for men
- 2 drinks per day for women and 2 drinks per day for men
- 3 drinks per day for women and 2 drinks per day for men

20. On a scale of 1 to 5, how interested are you in reducing the amount of alcohol you drink?

	1 - Not at all interested	2	3	4	5 - Extremely interested
Interest in reducing alcohol consumption	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Screening and Early Detection

21. Screening tests are recommended for different types of cancer and chronic diseases according to age, gender and family medical history. If a test were recommended for someone of your age, gender and background, how likely would you be to get screened? * *Examples of chronic disease include heart disease, lung disease, type-2 diabetes.*

1 - Not at all likely

2

3

4

5 - Extremely likely

Screening likelihood

22. On a scale of 1 to 5, how interested are you in increasing your use of screening services or programs?

Not at all interested

Extremely interested

Interest in screening

10. Healthy Minds

23. Thinking about the amount of stress in your main job or business in the past 12 months, would you say that most days at work are:

- Not at all stressful
- Not very stressful
- A bit stressful
- Quite a bit stressful
- Extremely stressful

24. In general, how would you rate your ability to handle the day-to-day demands in your life, for example, handling work, family and volunteer responsibilities? Would you say your ability is:

- Excellent
- Very good
- Good
- Fair
- Poor

25. On a scale of 1 to 5, how interested are you in taking steps to manage your stress levels at work?

	1 - Not at all interested	2	3	4	5 - Extremely interested
Interest in reducing stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Employee Wellness Survey

11. Sun and Ultra Violet (UV) Radiation

26. How often do you protect yourself from exposure to the sun and UV radiation? For example, protection can be provided by wearing protective clothing like a hat or long sleeves, seeking shade, wearing sunscreen, etc.

	Always	Often	Some of the time	Hardly ever	Never
Wearing protective clothing and a hat	<input type="radio"/>				
Seeking shade and avoiding the sun	<input type="radio"/>				
Spending fewer than 30 minutes in the sun	<input type="radio"/>				
Using sunscreen	<input type="radio"/>				

27. How often do you use a tanning device (tanning bed, lamp and/or, solarium)?

- At least once a week
- Every 2 weeks
- Once a month
- Every other month
- A couple of times a year
- N/A, I do not use a tanning device

28. On a scale of 1-5, how interested are you in taking steps to reduce your exposure to the sun and UV radiation?

	1 - Not at all interested	2	3	4	5 - Extremely interested
Interest in reducing exposure to sun/UV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Environmental and Occupational Carcinogens (cancer-causing substances in the workplace)

29. Are you concerned about exposure to environmental carcinogens*? (Check all those that apply) **Environmental carcinogens are potentially harmful substances in the air, water, or soil that may increase a person's risk of cancer*

- At home
- At work
- In your neighborhood
- All of the above
- N/A (No, I am not concerned)
- Other (please specify)

30. On a scale of 1 to 5, how often do you think you are exposed to environmental carcinogens at your workplace?

1 - Hardly ever/never 2 3 4 5 - All of the time

Environmental carcinogen exposure	<input type="radio"/>				
-----------------------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

31. On a scale of 1 to 5, how interested are you in taking steps to reduce your exposure to environmental carcinogens?

1 - Not at all interested 2 3 4 5 - Extremely interested

Interest in reducing exposure	<input type="radio"/>				
-------------------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

13. Barriers to Participation

32. What, if anything, is stopping you from making changes to your health?

- Lack of time
- Not enough money
- I don't know how to get started
- Lack of self-confidence
- Limited access to health services
- Confidentiality: concern about others knowing about my personal health
- Lack of management support at my workplace or other pressure to get my work done
- My job duties do not allow me to participate in activities at work
- Not interested

Other (please specify)

14. Wellness Activities in the Workplace

33. On a scale of 1 to 5, how important is employee health and wellness to your organization?

Not at all important Extremely important

Level of importance

34. Would you be interested in any of the following if they were offered at your work site (check all that apply)?

- Opportunities for physical activity (i.e. group exercise classes, team sports)
- On-site facilities for physical activity (i.e. gym, fitness equipment, bike racks, showers)
- Corporate discounts at local fitness centres
- Walking/running events or club(s)
- Health & wellness challenges/events
- Trying new foods
- Healthy additions/changes to the vending machine or cafeteria offerings
- Lunch and Learns/workshops on health and wellness topics
- Health fairs
- Smoking cessation program
- Confidential health screening
- Wellness or relaxation space
- Information on volunteering for the Canadian Cancer Society
- Other (please specify)

15. Workplace Wellness Program at Your Work Site

35. Would you participate in a workplace wellness program if one was offered at your work site?

- Yes
- No
- Unsure

36. Many workplace wellness programs encourage people to track their health behaviours, for example, how often they are active, and the types of food they eat. What sort of tracking tool would you be most likely to use to track your health behaviours?

- An excel spreadsheet
- Pen and paper to fill in a chart
- A pocket size booklet
- An online/web-based tracking system
- A smart phone application
- Social media

Other (please specify)

37. How would you prefer to receive information about wellness at your workplace?

- Written materials (newsletters, posters)
- Email
- Department meetings
- Online

Other (please specify)

38. How would you prefer to participate in wellness activities at your workplace?

- Participating in events/activities on your own
- With a group or a team
- Both the above

Other (please specify)

39. When would you prefer to participate in wellness activities?

- Before work
- During lunch
- After work
- None of the above

Other (please specify)

40. Would you like to be part of a wellness committee or team at your workplace?

- Yes
- No
- Unsure

41. Any suggestions/comments you would like to see included in such a program if it were offered by your workplace? Please use the space below