



Section 3:

Toolkit

Employee Interest Survey

Directions

1. Distribute the employee interest survey to all employees.
2. Designate a location and date for employees to return surveys anonymously.
3. Collect all completed surveys.
4. Tally the responses for each question on all surveys.
5. The response items with the most checkmarks will give you an indication of your employees' interests.
6. Share the results with employees so that they know their feedback was heard and taken seriously.

Employee Interest Survey

Survey

Thank you for completing this survey. Your responses will give us insight into the types of activities that interest you. Participation in this survey is voluntary, and you do not need to respond to any question(s) that you do not wish to answer.

The survey should take about five minutes to complete. We will use the information you provide to incorporate policies and environmental changes into our worksite to help support your individual health efforts.

1. Which of the following topics would be of interest to you, if offered at the worksite? (Check all that would be of interest.)

- Tobacco- and vape-free worksite
- Nutritious food and beverages at meetings
- Flexible work schedule for self-care
- Flexible dress code for physical activity
- Strategies for inclusion and accessibility
- Other: _____
- Not interested in any of the above

2. Which of the following supports would be of interest to you, if offered at the worksite? (Check all that would be of interest.)

- Company garden
- Discounted gym membership
- Tobacco cessation assistance
- Farmers market at work
- Walking paths around worksite
- Bicycle parking
- Affinity groups for employees
- Socialization opportunities
- Not interested in any of the above
- Other: _____

3. How would you prefer to receive information about employee health activities? Check one:

- Bulletin boards
- Email
- Text
- Memo
- Newsletter
- Other: _____
- Not interested in receiving information about health activities

4. Are you interested in participating in planning health programs and/or activities?

- Yes No

(Optional) If yes, please provide your name and phone number so that we may follow up:

Name

Phone