Workplace Health and Well-being — Sample Workplace Health and Well-being Survey Fact Sheet



WHAT IS AN EXAMPLE OF A WORKPLACE HEALTH AND WELL-BEING SURVEY?

Workplaces often use a survey form to determine interest in the various aspects of a workplace health and well-being program. The following is a sample. Be sure to customize it for your needs at your workplace.

Sample Workplace Health and Well-being Survey

ABC Company is looking into the need for a workplace health and well-being program.

We are interested in learning more about your opinions and interests. Your answers will be used to help plan the program and to decide which types of programs to offer
 Senior management has agreed to let everyone take a few minutes to complete this survey. Please do not put your name on the form because we would like to keep this survey confidential. Please return the forms by putting them in a sealed envelope and placing them in the inter-office mail.
1. Sex:
☐ Male ☐ Female
2. Age Group:
under 21
\square 41 - 50 \square 51 - 60 \square over 60
3. Do you have any health concerns about yourself, your family, or something arising from the workplace?
4. Would you like ABC Company to help with these concerns?
☐ Yes ☐ No ☐ Not sure
Explain your answer

Indicate how you feel a	about the foll	owing sta	tements:	ĺ		
	Agree Strongly	Agree	Not sure/ No opinion	Disagree		Disagree Strongly
On the whole, I like my job.						
I feel that I am well rewarded for the effort I put in at work.						
I am happy with the palance between my work time and my leisure time.						
At work, my level of authority is about the same as my level of responsibility.						
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Walking Club

Recreational Team (e.g., baseball)

Other exercise programs (specify)

Healthy Backs		
Healthy Eating (general tips, etc.)		
Weight Management		
Blood Cholesterol Testing		
Flu Shots		
Blood Pressure Screening		
Blood Glucose Screening		
Body/Mass Index (BMI) Testing		
Stress Management (either home/work)		
Alcohol / Drug Abuse Education		
Smoking Cessation		
Parenting		
Marital Situations		
Interpersonal Skills (such as "Dealing with Difficult People", Conflict Resolution, etc.)		
Retirement Planning		
Lunch & Learn Sessions		

Time Management						
Home Budgeting / Financial Planning						
Health Fair (booths)						
Balancing Family and Work						
Other: (please list)						
7. When would you be able to participate?						
Day of the Week	Season	Time Period				
☐ Monday	☐ Spring	☐ Before work				
☐ Tuesday	Summer	Lunch time				
Wednesday	☐ Fall	☐ After work				
☐ Thursday	☐ Winter	☐ Evenings				
☐ Friday	Other					
Weekends (for family events)						

8. Where would you prefer to attend a program?

□ Work
Private Health Club
Local School or Facility/Hall
Other
9. If necessary, would you be willing to share in the cost of a program?
☐ Yes ☐ No
10. Do you have any additional comments or concerns you would like the committee to know?

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