

Employee Health & Wellness Needs Assessment

The Campus Wellness Steering Committee invites you to participate in a short survey regarding your health and well-being. The survey is anonymous. Information from the survey will assist us in creating a campus wide health and wellness program.

1. How do you rate your overall physical health? (Select one option)

- Excellent
- Very good
- Good
- Fair
- Poor

2. How do you rate your overall mental health? (Select one option)

- Excellent
- Very good
- Good
- Fair
- Poor

3. How do you rate your ability to get the amount of sleep you need? (Select one option)

- Excellent
- Very good
- Good
- Fair
- Poor

4. How do you rate your ability to manage stress?
(Select one option)

- Excellent
- Very good
- Good
- Fair
- Poor

5. I have the tools I need to manage stress. (Select one option)

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

6. Please choose the statement that best describes you regarding the desire to make a change in Healthy Eating: (Select one option)

- I am satisfied with the way I am now.
- I have considered making a change to eat healthier.
- I am ready to make a change to eat healthier.
- I have started making changes to eat healthier.
- I am trying to maintain the changes I have made to eat healthier.
- Not sure/Don't know.

7. Please choose the statement that best describes you regarding the desire to make a change in Weight Management: (Select one option)

- I am satisfied with the way I am now.
- I have considered making changes to better manage my weight.
- I am ready to make a change to better manage my weight.
- I have started making changes to better manage my weight.
- I am trying to maintain the changes I have made to better manage my weight.
- Not sure/Don't know.

8. Please choose the statement that best describes you regarding the desire to make a change in Physical activity: (Select one option)

- I am satisfied with the way I am now.
- I have considered making changes to increase my physical activity.
- I am ready to make a change to increase my physical activity.
- I have started making changes to increase my physical activity.
- I am trying to maintain the changes I have made to increase my physical activity.
- Not sure/Don't know

9. Which of the following topics would you like information on?

- Nutrition / healthy eating
- Diabetes awareness & management
- Men's health issues
- Women's health issues
- Reducing risk of heart attack or stroke
- Stress management
- Ergonomics
- Personal financial management
- Healthy relationships
- Tools to build resilience
- Caregiving (Elder/child; coping)
- Other (Please specify) _____

10. Which of the following would you participate in, if made available (choose multiple)?

- Onsite fitness/physical activity opportunities
- Walking group
- Weight management program (i.e. weight watchers, other)
- Meditation
- Health screenings
- Other (Please specify) _____