

Employee Interest Survey

Your local Healthy Maine Partnership is working with your employer to create a healthier workplace. We want to know what you think. Please take 5 minutes to answer the following questions. This information will help your employer ensure that new wellness programs meet the needs and interests of employees. Your responses will be combined with other employees to determine the most common interests – no individual results will be shared, so please do not include your name on the survey.

Health Needs and Interests <i>(Please check the appropriate response)</i>
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1. Please rate how you feel about each of the following statements: *(Please check one box for each item below)*

“My employer has provided me the opportunity to...”	Strongly Disagree	Disagree	Somewhat Agree	Agree	Strongly Agree
a. Be physically active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Eat a healthy diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Stop using tobacco products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Manage my stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Place a check mark by any of the items listed below that you started or accomplished that were influenced by your employer. *(Check all that apply)*

- Started regular exercise program
- Maintained regular exercise program
- Developed skills to manage the stress in my life
- Developed healthier eating habits
- Stopped smoking
- Cut back on smoking

3. Please rate your interest in the following topics:

	<i>No Interest</i>	<i>Somewhat</i>	<i>High</i>	<i>Very High</i>
Tobacco Cessation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition/Weight Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes Prevention and Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance Abuse prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma/Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease and Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Would you participate in any of the following wellness activities on a regular basis if they were offered at work?
(Please check all that interest you)

- Smoking cessation program
- Weight management program
- Fitness challenge
- Walking program
- Diabetes Risk Quiz
- Stress management program
- Blood test for cholesterol
- Blood pressure screening
- Cancer screening program
- Healthy cooking/eating program

5. If you were to receive information about activities, health topics, news or tips about healthy lifestyles, what would be your preferred way to receive that information?

(Please check all that apply)

- A dedicated bulletin board
- Weekly e-mail tips
- Discussion at employee meetings
- Newsletter

6. Do you have a Primary Care Physician? Yes No

7. Have you seen a Primary Care Physician in the last 2 years? Yes No

8. Use the following lines for any comments or suggestions you have related to the wellness program.

Thank you for taking the time to complete this survey!