

# EMPLOYEE SATISFACTION WITH WORKSITE WELLNESS PROGRAM



Name of Worksite: \_\_\_\_\_ Date: \_\_\_\_\_

- 
- |   |     |    |
|---|-----|----|
| 1. Are you aware of the Worksite Wellness Program that has been established at your worksite? | Yes | No |
|---|-----|----|
- 
- |   |     |    |
|---|-----|----|
| 2. Are you interested in receiving additional information concerning the Worksite Wellness Program? | Yes | No |
|---|-----|----|
- 
- |  |     |    |
|--|-----|----|
| 3. Have you participated in any wellness activity(ies) conducted at your worksite? | Yes | No |
|--|-----|----|
- 
- |   |     |    |
|---|-----|----|
| 4a. Have you made healthier lifestyle choices since the Worksite Wellness Program was established at your worksite? | Yes | No |
|---|-----|----|
- 
- 4b. If Yes, check areas where you have made healthier lifestyle choices (check all that apply).
- |  |   |
|--|---|
| <input type="checkbox"/> Eating healthier            | <input type="checkbox"/> Quit tobacco use     |
| <input type="checkbox"/> Increased physical activity | <input type="checkbox"/> Reduced stress level |
- 
- |  |     |    |
|--|-----|----|
| 5. Would you like to participate in future wellness activities at your worksite? | Yes | No |
|--|-----|----|
- 
6. What improvements to the Worksite Wellness Program would you like to see?
- 
- 
- 

Your input helps us make improvements to your Worksite Wellness Program. By completing this survey, you help us to provide the best wellness programming and activities at our worksite. Thank you!

**Please return to** (contact person for Worksite Wellness Program):

\_\_\_\_\_  
\_\_\_\_\_

**Return by** (date): \_\_\_\_\_

If you would like information from the Wellness Committee at your worksite, either contact the person named above, or enter your name and contact information below.

\_\_\_\_\_  
\_\_\_\_\_