

Wellness Program

What is a Wellness Program? Simply put, it is a program designed to help our employees and their families stay well. It is the employer providing tools and resources to allow their employees to lead a healthier life.

Needs & Interest Survey

Dear Fellow Employee:

The purpose of this survey is to obtain everyone's input for our new Wellness Program. The Survey includes questions on your needs, interests, and other pertinent information to be used in deciding what programs to offer and when to offer them.

1. There is neither a right nor wrong answer on this survey.
2. Your completion of this survey is completely voluntary.
3. Your answers will remain completely anonymous.
4. Thank you for your participation and support.

A. Demographic Information

1. What is your age?
2. What is your gender? Male Female
3. Are you married? Yes No
4. Do you have children living at home? Yes No

B. Tobacco Use

1. Do you smoke or use tobacco? Yes No, but a former user No, never used
2. How would you classify your tobacco usage?
 A current smoker (_____ cigarettes per day).
 Never smoked
 Ex-smoker, quit _____ years ago.

C. Allergies

1. Do you have allergies? Yes No
2. If yes, what kind of allergies? Seasonal Food Other _____
3. Choose your current method of treatment: Over-the-Counter medicine
 Prescription medicine
4. Would you like to learn more about allergies? Yes No

D. Nutrition

Please rate how often you do each of the following:

	Never	Seldom 1-2 days/wk	Sometimes 3-4 days/wk	Often 5-6 days/wk	Very Often 7 days/wk
1. Eat fresh fruits, vegetables, and whole grain breads.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Eat foods high in cholesterol or fat, such as cheeseburgers, pizzas, cheese, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Eat pre-packaged/pre-prepared foods at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E. Physical Activity

Please check below the category that best describes your physical activity level (other than work) for the previous year:

NOTE: Moderate to vigorous activity implies the following: any aerobic activity which raises your heart rate to a level of 70% to 80% of your target heart rate. ($220 - \text{your age} = \text{target heart rate}$).

- No physical activity.
- Moderate to vigorous exercise 1 time per week for at least 20 minutes.
- Moderate to vigorous exercise 2 times per week for at least 20 minutes.
- Moderate to vigorous exercise 3 times per week for at least 20 minutes.
- Moderate to vigorous exercise 5 times per week for at least 20 minutes.

F. Health Screenings

Please indicate whether you have had the following screenings or examinations in the ***past 12 months***:

	Yes	No
1. Blood Pressure Check	<input type="checkbox"/>	<input type="checkbox"/>
2. Blood Screening (Cholesterol, Sugar, etc)	<input type="checkbox"/>	<input type="checkbox"/>
3. Cardiovascular Exam (EKG's)	<input type="checkbox"/>	<input type="checkbox"/>
4. Colon/Rectal Exam	<input type="checkbox"/>	<input type="checkbox"/>
5. Prostate Exam	<input type="checkbox"/>	<input type="checkbox"/>
6. Stool Check (bowels)	<input type="checkbox"/>	<input type="checkbox"/>
7. Mammogram	<input type="checkbox"/>	<input type="checkbox"/>
8. Vision	<input type="checkbox"/>	<input type="checkbox"/>
9. Other – please specify		

G. Program Interests

Please indicate how likely you would be to participate in each of the following programs if they were offered at work during the next year.

	Extremely Likely	Somewhat Likely	Somewhat Unlikely	Extremely Unlikely
1. Body Fat Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Educational Programs:	Extremely Likely	Somewhat Likely	Somewhat Unlikely	Extremely Unlikely
a. Back Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Cancer Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Heart Disease Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Stroke Prevention Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Cholesterol Reduction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Cold/Flu Prevention & Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Employee Assistance Programs:				
a. Depression Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Job Stress Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Accepting Change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Marriage Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Controlling anger/emotions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Immunization Programs:				
a. Flu Shots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Tetanus Shots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Lyme Disease Vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Hepatitis 'B' Vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Nutrition Education Programs:	Extremely Likely	Somewhat Likely	Somewhat Unlikely	Extremely Unlikely
a. Healthy Cooking (meals/snacks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Healthy Eating (do's & don'ts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Weight Management Programs (diet & exercise)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Extremely Likely	Somewhat Likely	Somewhat Unlikely	Extremely Unlikely

6. Smoking Cessation Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Stress Reduction Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Written Material on Health and Safety Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Visiting onsite Healthcare Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Self-Help / Self-Care (Learn medical treatments that you can carry out at home/home remedies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate how likely you would be to participate in a health promotion programs during the following times:

	Extremely Likely	Somewhat Likely	Somewhat Unlikely	Extremely Unlikely
1. Before Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. During Lunch at Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. After Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Spousal Attendance	Yes <input type="checkbox"/>		No <input type="checkbox"/>	

H. Work Site Nutrition

At your work location, do you have the opportunity to make healthy nutritional choices in vending machines? Yes No

I. Any Other Interest or Suggestions (please specify)

List any suggestions you may have for health promotion programs. Your input is an *important* element to the success of THE HUBBARD WELLNESS PROGRAM.
