

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.

