1. Please indicate how likely you would be to participate in each the following if they were offered as worksite wellness opportunities?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Very Likely</th>
<th>Somewhat Likely</th>
<th>Not Likely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Onsite exercise or yoga class</td>
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<td></td>
<td></td>
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<tr>
<td>Team or individual challenge</td>
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<td></td>
<td></td>
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<tr>
<td>Weight management program</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Stress management program</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Health screenings (Cholesterol, blood pressure, etc.)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Flu shots</td>
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<td></td>
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<tr>
<td>CPR/AED Class</td>
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<tr>
<td>Onsite chair massage therapy</td>
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<td></td>
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<tr>
<td>Healthy potluck lunches</td>
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<tr>
<td>Walking club or event</td>
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<td></td>
<td></td>
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<tr>
<td>Monthly wellness seminar</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Read through the following list of wellness topics and indicate which ones you are interested in learning more about. Please check all that apply.

- Financial Management
- Time management and organizational skills
- Parenting tips
- Eldercare issues
- Nutrition and cooking demonstrations
- Tips for increasing physically activity
- Addressing stress and life balance
- Ergonomics - preventing wrist, back and neck pain
- Smoking cessation
- Sleep and your health
- Recognizing symptoms of alcohol abuse
- Understanding your cholesterol and blood pressure numbers
- Other, please specify: ____________________________
3. How would you like to receive information on health and wellness topics? You may choose more than one.

— Presentation – in person
— Webinar
— Bulletin board
— Literature - brochures or flyer
— E-mail
— Other, please specify: ________________________________

4. When would you prefer to participate in onsite wellness activities? Please check only one.

— Before work
— During lunch break
— After work

5. If you could receive incentives for participating in wellness activities, which of the following would motivate you to participate? Please check all that apply.

— Award certificate and recognition
— Pedometer
— T-shirt or water bottle
— Gift certificate
— Gas card
— Paid time off
— Other, please specify: ________________________________

6. Please give your opinion for each of the statements below.

<table>
<thead>
<tr>
<th>Management listens to employee concerns and ideas.</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>I don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management is committed to supporting employee health and wellness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>My supervisor is committed to supporting employee health and wellness.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>My co-workers support me in making healthy lifestyle choices.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I am encouraged to take work breaks as allowed in my job description.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>There are safe options for being physically active at my workplace (i.e. walking or onsite exercise equipment)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>When food is served at a meeting, healthier options such as fruit or vegetables are generally offered.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
7. In a regular week, how many days do you take part in physical activity that increases your heart rate (i.e. brisk walking, water exercise, dancing, running, bike riding, or an exercise class)?
   — 0 days
   — 1-2 days
   — 3-4 days
   — 5 or more days

8. On days that you take part in physical activity, how much total time do you spend in this activity?
   — 15 minutes or less
   — 16 – 30 minutes
   — 31 – 60 minutes
   — More than one hour

1. In a regular day, how many servings of fruit do you eat? Examples of a serving might be: 1 medium sized piece of whole fruit, ½ cup chopped, cooked, canned or frozen fruit, or ¼ cup dried fruit.
   a. 0
   b. 1
   c. 2
   d. 3
   e. 4
   f. 5 or more

2. In a regular day, how many servings of vegetables do you eat? Examples of a serving might be: 1 cup of salad greens or raw leafy vegetables or ½ cup of other raw/cooked vegetables or 6 oz. 100% vegetable juice.
   a. 0
   b. 1
   c. 2
   d. 3
   e. 4
   f. 5 or more

9. Your comments and suggestions are welcome