



BeWell@Work Interest Survey

PROGRAMMING LOGISTICS

We invite you to complete our Employee Wellness Interest Survey. Your feedback will help us with wellness program planning. This survey takes 5 minutes to complete. The survey results are 100% confidential. At the end of the survey, there will be an optional opportunity to provide your name for the purposes of being rewarded an incentive for your time and input. Thank you!

1. If you were to participate in wellness activities and/or programs, what day(s) of the week and times generally work best for you?

| | Morning | Lunch time | After work |
|-----------|--------------------------|--------------------------|--------------------------|
| Monday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tuesday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wednesday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Thursday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Friday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Saturday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sunday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. What type(s) of wellness programming would be easiest for you to participate in? Please check all that apply.

- Remote only
- Hybrid (in-person or remote)
- Onsite
- Recorded sessions to view at a time of your choosing
- Other (please specify)

3. How would you like to learn about wellness offerings from our organization?

(Please check all that apply)

- Printed materials
- Online wellness portal (includes exercise and food logs, online workshops, recipes etc.)
- Social media (facebook, twitter, etc..)
- Be Well VT blog
- Email
- Text message
- Intranet
- Chat (Teams, Slack, etc.)
- Team meeting announcements
- Bulletin board
- Company television monitors
- Communications from leadership
- Other (please specify)



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MOTIVATION & SUPPORT

4. What are the top reasons you would participate in a wellness program.

(Please pick your top 3)

- To socially connect with coworkers
- To maintain or improve mental health
- To maintain or improve heart health
- To build strength and flexibility
- To prevent or reduce pain
- To maintain or improve overall personal wellbeing
- To manage my weight
- To remain strong, mobile and self-reliant with age
- I would not participate in a wellness program
- Other (please specify)

5. What support would motivate you the most to improve your health? (Please rank order your preference with 1 being your first choice.)

| | | | |
|---|----------------------|--|------------------------------|
| ⋮ | <input type="text"/> | Advice from doctor/ medical professional | <input type="checkbox"/> N/A |
| ⋮ | <input type="text"/> | Family/friend support | <input type="checkbox"/> N/A |
| ⋮ | <input type="text"/> | Co-worker support | <input type="checkbox"/> N/A |
| ⋮ | <input type="text"/> | Supervisor support | <input type="checkbox"/> N/A |
| ⋮ | <input type="text"/> | Community involvement (community event, workshop or program) | <input type="checkbox"/> N/A |
| ⋮ | <input type="text"/> | I do not need support to improve my health | <input type="checkbox"/> N/A |

6. What incentive would motivate you the most to participate in wellness activities?

(Please rank order your preference with 1 being your first choice.)

| | | | |
|---|----------------------|--|------------------------------|
| ⋮ | <input type="text"/> | Soft goods | <input type="checkbox"/> N/A |
| ⋮ | <input type="text"/> | Gift cards | <input type="checkbox"/> N/A |
| ⋮ | <input type="text"/> | Donation to a charity of your choice | <input type="checkbox"/> N/A |
| ⋮ | <input type="text"/> | Time off | <input type="checkbox"/> N/A |
| ⋮ | <input type="text"/> | Recognition | <input type="checkbox"/> N/A |
| ⋮ | <input type="text"/> | Money in paycheck (will be taxed) | <input type="checkbox"/> N/A |
| ⋮ | <input type="text"/> | Pay it Forward (an ability to award a gift to a coworker of your choice) | <input type="checkbox"/> N/A |

7. How can our organization support your well-being?

- Offer flexible schedules
- Provide wellness stipend to spend on wellness related expenses
- Allow wellness program participation on work time
- Active leadership support for well-being
- Support for childcare expenses
- Diversity, Equity & Inclusion is an organizational priority
- Provide a dedicated space for employees to take a wellness break
- Create and implement organizational wellness policies (i.e. time to be active on the clock, healthy eating policy, time for daily social connection and collaboration)
- Other (please specify)



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TOPICS OF INTEREST TO YOU

8. What areas of wellness are most important to you? Please check all that apply. *NOTE: You will be asked about specific subtopics within each of these areas of wellness in the next series of questions.*

- Physical**- Keeping your body functioning at its best for a lifetime
- Mental/Emotional**- Expressing feelings, giving and receiving support and coping with life's challenges
- Social**- Creating and sustaining positive relationships over time
- Spiritual**- Aligning yourself with your values and beliefs
- Work/career**- Expanding your skills and abilities to enhance your life's work
- Community**- The sense of engagement you have with the area where you live
- Financial**- Effectively managing your economic life
- Other (please specify)

9. PHYSICAL: HELP MANAGING YOUR HEALTH

Please indicate which of the following topics are of interest to you.

(Please check all that apply)

- Asthma
- Lower Back Pain Prevention and Management
- Children's Health
- Managing Arthritis Pain
- Healthy Pregnancy/Prenatal Care
- Reducing Risk for Heart Disease
- High Blood Pressure
- Increasing Mobility
- Managing Chronic Pain
- Menopause
- Men's Health
- Quitting Tobacco
- Onsite Vaccinations
- Repetitive Strain Injuries
- Self Help/Self care
- Preventing Osteoporosis
- Women's Health
- Services for trans/non-binary community (for a specific topic in this area please list your interest in the "other" box below)
- Other (please specify)

10. PHYSICAL: PHYSICAL ACTIVITY

Please indicate which of the following topics, activities or resources are of interest to you.
(Please check all that apply)

- Corporate fitness membership
- Workshops with local experts to support muscle and joint health
- Onsite chair massages at work
- On-site exercise equipment
- A map of walking/running routes near the office
- Fitness as a family
- Ergonomic assessments to evaluate and support muscles and joints while working
- Outdoor activity club (Ex: hiking, paddle boarding, kayaking meet ups). Please specify details in "other" comments below.
- How to gradually increase your physical activity
- Getting strong at home
- Dance classes (Ex: swing, ballroom, line dancing etc.) Please specify details in "other" comments below.
- Physical activity challenges
- Resistance training/strength training
- Specialty fitness class for chronic pain (Ex: arthritis, fibromyalgia, etc.) Please specify details in "other" comments below.
- Stretching/Flexibility (simple daily stretches and/or yoga)
- Specific training for sports, walks, or runs
- Walking program

Other (please specify)

11. PHYSICAL: EATING FOR HEALTH

Please indicate which of the following topics are of interest to you.

(Please check all that apply)

- Eat for Energy
- Eat Well to Manage Blood Sugar
- Eat Well for Healthy Cholesterol
- Whole Foods Eating
- Healthy Cooking (meals/ snacks)
- Nutrition 101
- Nutritional Counseling
- Heart Healthy Nutrition
- Weight Management Programs and Support
- A Lifestyle Not a Diet Workshop (forming healthy sustainable habits to support your nutrition)

Other (please specify)

12. MENTAL/EMOTIONAL

Please indicate which of the following topics are of interest to you.

(Please check all that apply)

- Alcohol/drug use prevention and support
- Anxiety
- Caring for the emotional and spiritual self
- Care for Yourself While Caring for Others
- Calming Your Mind for Sleep
- Connecting with Nature
- Decluttering
- Expressing and Practicing Gratitude
- Getting Back to Sleep
- Growing Emotional Awareness
- How to find and connect a mental health counselor
- Make Time for Play
- Meditation/Breath work
- Mental Health First Aid training
- Mental Health Screenings Tools
- Planning for Sleep
- Practice Self-Love and Self-Acceptance
- Recognize and Overcome Burnout
- Setting Up Your Room For Sleep
- Stress management techniques and tools (mindfulness, meditation etc.)
- Suicide prevention awareness (free tools from 988 to help support others)
- Support groups
- Workplace emotional abuse

Other (please specify)

13. FINANCIAL

Please indicate which of the following topics are of interest to you.

(Please check all that apply)

- Boost Your Money Confidence
- Budgeting Basics
- Buying a Home
- Credit Management
- Debt Management
- Estate Planning (writing a will, funeral arrangements, organ donations, advanced directives etc.)
- Investments
- Make Your Money Last Longer
- Prepare for Financial Emergencies
- Retirement Planning
- Student Loans
- Other (please specify)

14. SOCIAL

Please indicate which of the following topics are of interest to you.

(Please check all that apply)

- Balancing work and family
- Caring for an aging/ ill family member
- Communication skills
- Family relationships
- How to create meaningful, supportive relationships
- Parenting skills
- Setting boundaries
- Starting a club at work around one of your interests
- Explore Different Identities
- Learn About Allyship
- Talk About Race

Other (please specify)

15. SPIRITUAL

Please indicate which of the following topics are of interest to you. (Please check all that apply).

- Creating a personal vision board
- Exploring purpose
- Learning about local non-profits
- Other (please specify)

16. WORK/CAREER

Please indicate which of the following topics are of interest to you. (Please check all that apply).

- Leadership development
- Time management
- Productivity and Focus
- Professional development opportunities at my organization
- Other (please specify)

17. COMMUNITY

Please indicate which of the following topics are of interest to you. (Please check all that apply).

- Volunteering (benefits and opportunities with my organization)
- Community partnerships at my organization
- Other (please specify)



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ADDITIONAL FEEDBACK

18. What kinds of activities do you enjoy doing most in your non-work time? Please check all that apply. If you select an activity that can have a more specific response please include the detail in the "other" text field. (i.e. if I check "outdoor activities" I would type "mountain biking and hiking" in the "other" text field.)

- Community Groups & Volunteering
- Art
- Cooking
- Crafting
- Going to gym to workout and/or taking group exercise classes
- Hunting, Fishing, Camping, etc.
- Outdoor activities
- Photography
- Puzzles
- Reading
- Sports
- Time with Family and Friends
- TV, Video Games, Movies, Computer time, etc.
- Walking
- Gardening

Other (please specify)

19. Do you have any skills, gifts and/or passions that you would like to share with your coworkers through our wellness program? (i.e. lead a workshop on composting, building a bird house, offering a yoga session, lead a running club etc.) If yes, please input your name and what you are interested in sharing below.

Name

Email Address

What are you interested in sharing with your fellow team members?

20. Please use this space to add any additional comments, input, ideas, or suggestions regarding the wellness activities at our organization.

21. Thank you for your valuable feedback. Please type your full name below if you would like to receive an incentive. Your responses to this survey are anonymous. Only your name will be shared with your organization to demonstrate that you completed the survey for the purposes of the incentive.

First Name

Last Name