

WORKPLACE WELLNESS

Provided by Davis & Towle Insurance Group



New Hampshire Business Wellness Program: Needs and Interest Survey

Dear New Hampshire Business employees:

The purpose of this survey is to obtain your input for New Hampshire Business's new workplace wellness program. New Hampshire Business would like to provide you with tools and resources to lead a healthier life.

The survey includes questions on your needs, interests and other important information to determine what types of wellness programs to offer and when to offer them. The completion of this survey is completely voluntary and answers will remain anonymous.

Thank you for your participation and support!

Tobacco Use

Please select the statement that best describes your current tobacco use.

- I don't smoke.
- I smoke and I'm not thinking about quitting.
- I'm thinking about quitting someday, but not right now.
- I want to quit within the next month or two, and want to know more about quitting.
- I just quit smoking, and I am going through withdrawal.
- I quit smoking, and I want to learn more about how to never smoke again.

Allergies

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

Nutrition

1. Please select the statement that best describes your current intake of fruits and vegetables. A serving is a ½ cup or one medium piece of most fresh or frozen fruits and vegetables, 6 ounces of 100 percent juice or ¼ cup of dried fruits or vegetables.
 - I don't eat fruits and vegetables regularly, and I don't plan to start in the near future.
 - I don't eat fruits and vegetables regularly, but I've been thinking about starting.
 - I eat some fruits and vegetables each day (total of two servings or less).
 - I've been eating fruits and vegetables every day (total of three or more servings) for the past one to six months.
 - I've been eating five or more servings of fruits and vegetables every day for seven months or longer.
2. Please select the statement that best describes your current intake of low-fat foods.
 - I don't cook, eat or purchase low-fat foods now, and I don't plan to start in the near future.
 - I don't cook, eat or purchase low-fat foods regularly, but I've been thinking about starting.
 - I cook, eat or purchase low-fat foods one to two times a day.
 - I've been cooking, eating or purchasing low-fat foods every day for the past one to six months.
 - I've been cooking, eating or purchasing low-fat foods every day for seven months or longer.

3. Please select the statement that best describes your current intake of whole grain foods. The serving size for whole grains is 1 ounce (for example, one slice of bread, 1 ounce of cereal, ½ cup of cooked rice or pasta).
- I don't cook, eat or purchase whole grain foods now, and I don't plan to start in the near future.
 - I don't cook, eat or purchase whole grain foods regularly, but I've been thinking about starting.
 - I cook, eat or purchase whole grain foods three to four times a week.
 - I've been cooking, eating or purchasing whole grain foods every day for the past one to six months.
 - I've been cooking, eating or purchasing at least three servings of whole grain foods every day for seven months or longer.

Physical Activity

Select the statement that best describes your current level of physical activity. When considering time spent being active, count any time you are active for at least 10 minutes at a time. In other words, if you have three 10-minute "bouts" of activity in a day, record that as 30 minutes in a day. "Vigorous" exercise includes activities like running, fast cycling, aerobics classes, swimming laps, dancing, tennis and racquetball.

1. These types of activities make you sweat and feel out of breath. "Moderate" exercise includes activities such as brisk walking, gardening, slow cycling or hard work around the house.
- I don't exercise or walk regularly now, and I don't plan to start in the near future.
 - I don't exercise or walk regularly, but I've been thinking about starting.
 - I do moderate or vigorous physical activities for at least 30 minutes on some days, but fewer than five days a week.
 - I've been doing moderate or vigorous physical activities for at least 30 minutes a day, five or more days a week, and I have been doing it for the past one to six months.
 - I've been doing moderate or vigorous physical activities for at least 30 minutes a day, five or more days a week, and I have been doing it for seven months or longer.

Preventive Health Screenings

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

	Yes	No	N/A
Blood pressure check			
Blood sugar check			
Cholesterol check			
Cervical cancer screening			
Colon/rectal exam			
Mammogram			
Obesity screening and counseling			
Prostate exam			
Tobacco use screening			

Program Interests

Please rate your interest in the following workplace wellness programs:

	Very Low	Low	Neutral	High	Very High
Educational Programs					
Back safety					
Cancer prevention					
Heart disease prevention					
Stroke prevention					
Cholesterol reduction					
Home safety					
Substance abuse					
Headache prevention and treatment					
Cold and flu prevention and treatment					

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Automobile safety					
Accident prevention and home safety					
Managing chronic health conditions (diabetes, hypertension, etc.)					
Managing chronic pain (neck or shoulder injuries, back injuries, etc.)					
Employee Assistance Programs					
Mental health counseling					
Financial management					
Job stress management					
Marriage counseling					
Parenting skills					
Fitness Programs					
Corporate fitness membership rates					
Walking programs					
On-site exercise equipment					
Workplace recreation (e.g., softball, basketball and volleyball)					
Attending regular presentations on physical activity topics					
Receiving regular physical activity tips via email					
Point-of-decision prompts to encourage activity (e.g., stair and elevator signs)					
Immunization Programs					
Flu shots					
Tetanus shots					
Hepatitis B vaccine					

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Nutrition Education Programs					
Healthy cooking (meals and snacks)					
Healthy eating (do's and don'ts)					
Weight management programs					
On-site vending machines with healthy choices					
Attending regular presentations on nutrition topics					
Receiving regular healthy eating tips via email					
Getting information on existing food or diet groups in the area					
Recipes and healthy meal ideas					
Point-of-decision prompts to encourage healthy eating					
Biometric Screening Programs					
Blood pressure checks					
Blood sugar (diabetes)					
Cholesterol levels					
Body mass index (BMI)					
Workplace Changes					
Review healthy food options for the cafeteria and vending machines; healthy food options labeled					
Include nutrition information on food choices for meetings and conferences					
Not scheduling meetings on a specific day or time to allow open time for wellness activities					
Other Programs					
Smoking cessation program					

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Stress reduction program					
Self-care (Learn medical treatments or remedies that you can try at home)					
Time management program					
Visiting on-site nurse					
Provide preventive wellness screenings (e.g., blood pressure, cholesterol and diabetes)					
Provide health risk assessments					

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

	Extremely Likely	Somewhat Likely	Likely	Somewhat Unlikely	Extremely Unlikely
Before work					
During lunch at work					
After work					

Please list any suggestions you may have for New Hampshire Business’s wellness program.

Demographic Information (optional)

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

Your feedback is important to us. Thank you for participating!