

[On Company Letterhead]

[Insert Date]

[Insert Salutation]

At *[XYZ Company]*, we recognize how important it is for our employees to keep healthy. We also realize the importance of offering you opportunities to make a difference in your well-being.

Therefore, we are conducting an *Employee Wellness Interest Survey* to determine your interest in participating in worksite wellness programs. We want to hear your thoughts and ideas on how to provide you with the programs, seminars and activities designed to meet your needs.

Please help us by taking a few minutes to complete the attached brief survey and return it to *[insert contact name]* by *[insert submission date]*. The survey is completely voluntary and confidential – you do not need to give us your name. However, there is the option to do so if you are interested in helping to plan and promote future programs.

Thank you in advance for your participation.

Best Regards,

[Insert Signatory]

Attachment

Additional Key Messages to Consider in the Content of Your Cover Letter:

- Importance of self-responsibility in maintaining wellness
- What we do is important to our health and well-being
- We all need support for health and wellness
- Our wellness program will be designed to meet your needs
- We want your help for program success.
- We care about managing health care costs

Employee Wellness Interest Survey

Dear Fellow Employee:

As part of our commitment to helping our employees be the best they can be, your health is important to us. We are interested in knowing what wellness programs you would like us to consider offering in the future. To help you achieve your specific health and wellness goals, **we need your input!**

Please complete the attached *Employee Wellness Interest Survey*. **Your participation is completely voluntary** and should only take a few minutes. Your survey answers will help us develop future programming that's more in line with your specific health interests and needs. Thank you, in advance, for taking the time to provide your valuable feedback.

Please return this form to _____ within one week of receiving it

1. Would you participate in a wellness program if offered to you at work?

- Yes
 No

2. How do you like to learn about health and lifestyle information? (Please select all answers that apply.)

- | | |
|--|---|
| <input type="checkbox"/> One-on-one counseling | <input type="checkbox"/> Videos |
| <input type="checkbox"/> Phone counseling | <input type="checkbox"/> Audio cassette tapes |
| <input type="checkbox"/> Health Screenings (i.e. Blood Pressure) | <input type="checkbox"/> DVD |
| <input type="checkbox"/> Health fairs | <input type="checkbox"/> Books/Materials |
| <input type="checkbox"/> On-site workshops | <input type="checkbox"/> Self-directed programs |
| <input type="checkbox"/> Online programs | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Group Support | <input type="checkbox"/> CD |

3. What time of day would you be most likely to participate in a wellness program? (Please select all answers that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Morning |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Lunchtime |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Thursday | <input type="checkbox"/> A.M. (before work) |
| <input type="checkbox"/> Friday | <input type="checkbox"/> P.M. (after work) |
| <input type="checkbox"/> Weekend Shift | <input type="checkbox"/> Any day or time |

4. How long should a wellness activity last?

- 30 minutes
 45 minutes
 60 minutes
 90 minutes

5. Do you have access to the Internet?

- Yes
 No

If yes, where is the most convenient place to access the Internet?

- Work
- Home
- Both

6. Using the scale below, please rate how interested you are in each wellness topic. The more specific information we receive from you, the more tailored our wellness program can be to your needs and wants. This question is voluntary.

Please circle your interest level for the wellness topics listed below:

Interest Level

Wellness Topic	Not Interested				Very Interested
Allergies	1	2	3	4	5
Asthma	1	2	3	4	5
Back Injury Prevention	1	2	3	4	5
Cholesterol Management	1	2	3	4	5
Diabetes	1	2	3	4	5
Emotional Health	1	2	3	4	5
Healthy Cooking	1	2	3	4	5
Men's Health	1	2	3	4	5
Nutrition	1	2	3	4	5
Parenting	1	2	3	4	5
Physical Activity	1	2	3	4	5
Skin Cancer	1	2	3	4	5
Smoking Cessation	1	2	3	4	5
Stress Management	1	2	3	4	5
Walking Program	1	2	3	4	5
Weight Management	1	2	3	4	5
Women's Health	1	2	3	4	5
Work/Life Balance	1	2	3	4	5
Other:	1	2	3	4	5

7. Please indicate which screening test(s) you would participate in if offered at your worksite (your screening results will be confidential).

- Blood Pressure
- Flu Shots
- Body Fat
- Cholesterol
- Seated Massage
- Hearing
- Glucose
- Bone Density
- Vision
- Skin Analyzer
- None. I am not interested in screenings at this time

8. Background Information. These questions are voluntary (this information would be helpful to better tailor wellness program offerings).

Gender:

- Male
 Female

Age

- 18 – 30
 31 – 40
 41 – 50
 51 +

9. **Optional:** Would you be willing to help plan and promote wellness activities at the worksite? If yes, please fill out your information below.

Name: _____

Department: _____

Phone: _____

Email: _____