

# Needs and Interests Survey



We aim to build workplace health and safety programs based on data and conversations with our leaders, managers, and team members. Please complete the following brief survey to *help us help you* move forward on your health and safety goals. All responses to this survey are anonymous.

Healthy workplaces start with the people who make them. We need your feedback to better understand your goals for health and safety at work. We are committed to building programs and a culture in the workplace based on data and conversations with leaders, managers and all team members. Please complete this brief survey to help us help you be supported. All responses to this survey will be kept anonymous.

Contact  at  with any questions.



## Healthy Workplace

Please indicate how likely you would be to participate in each of the following at work.

Healthy Eating & Active Living	Extremely Likely	Likely	Neutral	Unlikely	Extremely Unlikely
Healthy food options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training and education on nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fitness classes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yoga classes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walk-Fit programs (step challenges)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chair massages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discounted gym memberships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please specify here: <input type="text"/>					
Mental Health & Stress Management	Extremely Likely	Likely	Neutral	Unlikely	Extremely Unlikely
Meditation/mindfulness classes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Free or subsidized <b>individual</b> counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Free or subsidized <b>group/family</b> counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health technology (apps, VR, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training and education about mental health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training and education about managing stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



	Extremely Likely	Likely	Neutral	Unlikely	Extremely Unlikely
Financial management tools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please specify here: <input type="text"/>					

<b>Family-Friendly</b>	Extremely Likely	Likely	Neutral	Unlikely	Extremely Unlikely
Lactation accommodations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New parents support programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Caregivers support group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fun and healthy activities for the entire family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please specify here: <input type="text"/>					

<b>Disease Prevention</b>	Extremely Likely	Likely	Neutral	Unlikely	Extremely Unlikely
Biometric screenings (blood pressure, cholesterol, BMI, A1C, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cold/flu prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tools/resources to manage chronic health conditions (diabetes, cancer, cardiovascular disease, hypertension, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tools/resources to manage chronic pain (osteoarthritis, hand and wrist injuries, neck and shoulder injuries, back injuries, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



	Extremely Likely	Likely	Neutral	Unlikely	Extremely Unlikely
Tobacco cessation programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please specify here:					
<input type="text"/>					

**Please indicate how likely you would be to participate in these activities at work during the following times?**

	Extremely Likely	Likely	Neutral	Unlikely	Extremely Unlikely
During work hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outside work hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**How would you prefer we communicate with you about the health activities we offer?  
(Check all that apply)**

- At company and employee meetings
- Email
- Newsletter
- Direct mail
- Social media
- Informational posters
- Other, please specify here:

**Are there any barriers that prevent you from participating in the health activities we offer?  
(Check all that apply)**

- Inconvenient time or location
- Privacy (I do not want my employers involved in my health choices)



- Confidentiality (I do not want others knowing about my personal health)
- Lack of time
- Lack of support from management/direct supervisor
- Internal pressure to get my work done (e.g. from myself)
- External pressure to get my work done (e.g. from others)
- My job duties do not allow me to participate
- Not interested in health and safety activities
- Other, please specify:

**Do you have any additional input/suggestions regarding our workplace health program?**

**We need your help! Are you interested in serving as a workplace health (wellness) champion and/or on the workplace health (wellness) committee?**

**If so, please contact**

**at**

**.**



## Workplace Safety

I would like to receive more training on how to perform my job safely.

Yes

No

Do you have the required personal protective equipment (PPE) you need to accomplish your job safely?

Yes, all required PPE needed is made readily available

Sometimes, certain PPE is not always readily available

No, all required PPE is not made readily available

PPE is not required for my job (e.g., I work in an office)

Other, please specify here:

Do you know how to report the following to the organization? (Please select one response for each item: Yes, No, Not sure)

	Yes	No	Not sure
Workplace hazards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Near miss accidents/injuries (e.g., accidents/injuries where you are not hurt, but you could have been)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work-related injuries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate how likely you would be to participate in each of the following trainings.

	Extremely Likely	Likely	Neutral	Unlikely	Extremely Unlikely
Overview of workplace safety program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Workplace hazard awareness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



	Extremely Likely	Likely	Neutral	Unlikely	Extremely Unlikely
Back safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fatigue prevention (healthy sleep habits)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Workplace ergonomics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fire safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Workplace violence prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Environmental safety & emergency preparedness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Online safety & cyber security	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please specify here: <input type="text"/>					

**How would you prefer we communicate with you about workplace safety policies, procedures, and trainings we offer? (Check all that apply)**

- At company & employee meetings
- Email
- Newsletter
- Direct mail
- Social media
- Informational posters
- Other, please specify here:

**Do you have any additional input/suggestions regarding workplace safety?**



Health Links is a mentoring program that champions health and safety at work. We offer evidence-based Healthy Workplace Certification and advising services to help organizations and their team members achieve Total Worker Health<sup>®</sup>.

As a program based in the Center for Health, Work & Environment at the Colorado School of Public Health, our deep experience as researchers and industry trailblazers informs everything we do for you.

## Stay Connected



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