

Wellness Committee Survey

Please return to the Action Center Drop Box in City Hall by 5pm on Wednesday, March 9.

In order to better understand what the City employees need and desire, we ask that you take a few moments to give us your input. This input will help us design programs and events that best fit your lifestyle and interests.

Your answers will remain anonymous.

(Please Circle)

Gender: Male Female

Age: <25 26-35 36-45 46-55 56+

Are you aware that the City of Des Moines has an Employee Wellness Committee?

Yes No

Do you read the Wellness newsletter? Yes No

If yes, is it beneficial? Yes No

Do you have any comments/suggestions?

If no, why not?

How many of the following City Wellness sponsored events have you participated in within the last year?

Live Healthy Iowa, kickball tournament, dodge ball tournament, Mayor's Annual Ride

0 1 2 3 4

I would like to be informed of wellness programs & activities by:

(Choose all that apply)

Posted fliers

Emails

Handouts in work place

Bulletin Boards

Wellness Calendar

Payroll stuffers

Wellness Website (www.dmgov.org/wellness)

Other:

I would prefer a program/event that is offered:

(Choose all that apply)

Weekdays 6am-8am

Weekdays 11am-2pm

Weekdays 5pm-9pm

Weekends before 9am

Weekends 10am-Noon

Weekends 1pm-5pm

Weekends after 5pm

Other:

Are there any City facilities that you would like to see Wellness events held at?

(Including luncheons, demonstrations, group fitness classes, physical activity programs, etc.)

On average, how many times per week do you exercise?

** Exercise is defined as planned physical activity that is utilized to improve health or maintain fitness*

- 0 1-2 3-4 5-6 7+

Please indicate the role of stress management in your life:

- I don't think about stress and stress does not affect my life
- I have noticed stress in my life but haven't done anything to manage it
- I have noticed stressed in my life and am planning to do something about it
- I am actively managing the stress in my life

Which of the following best describes your attitude towards healthier eating habits?

- I never really think about it
- I have thought about it but haven't made any plans to change
- I plan on making changes soon
- I am currently making decisions towards healthier eating habits
- I already maintain a healthy diet

Which of the following best describes your attitude towards increasing your physical activity/exercise?

- I never really think about it
- I have thought about it but I haven't made any plans to change
- I am planning on making changes soon
- I am currently making decisions to be more physically active
- I am already physically active on a regular basis

Please indicate how likely you are to participate in the following:

	Extremely Likely	Somewhat Likely	Somewhat Unlikely	Extremely Unlikely
Flu Shots (on-site)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal Health Assessment (on-site)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal Health Assessment (online)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employee Assistance Program (A benefit for you & your family members that provides assistance addressing life issues)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I would like to see the Wellness Committee offer:

(Choose all that apply)

- Lunch & Learn
- Lunch time walking groups
- Family Swimming
- Family Skating
- Family Picnic/Grill out
- Walking programs
- Running programs

- Yoga
- Strength training programs
- Stretching programs
- Discounted Health Club Memberships
- Training programs (i.e. 5k)
- Healthy Recipes
- Meal planning
- Healthy vending/snack options
- Cooking demonstrations
- Weight management support group
- Stress management support group
**(methods of controlling stress, identifying stressors, developing effective coping mechanisms)*
- Smoking Cessation support group
- Basketball tournament
- Kickball tournament
- Volleyball tournament
- Dodge ball tournament
- Softball tournament
- Open Gym

Other:

Please indicate any factors that may affect your decision to participate in a program:

(Choose all that apply)

- Work
- Busy schedule
- Lack of interest
- Other:
- Fear
- Family
- Lack of Motivation

Please indicate what would motivate you to participate in wellness events/programs:

(Choose all that apply)

- Personal satisfaction
- Individual competition
- Team competition
- Cash incentives
- Prize incentives
- Family events
- Recognition
- Other:

Any other comments or suggestions:

Thank you! We value your time and feedback