**VBA - 2024 WELLBEING EMPLOYER SURVEY TEMPLATE**

*Please use this template as a starting point and customize based on the culture and needs of your organization.*

(INSERT EMPLOYER NAME) encourages and supports building a culture of wellbeing and encourages employees to live a healthy lifestyle. We realize the idea of wellbeing can vary by person and completing this survey is your opportunity to share insight so that programs can be designed that best meet employee needs and interests.
 **We greatly appreciate your time and participation. Please respond by (INSERT DATE).**

**1. In my opinion, my employer actively promotes the following:**

|  | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree |
| --- | --- | --- | --- | --- | --- |
| **Forming and maintaining friendships at work** |  |  |  |  |  |
| **Achieving a work-life balance** |  |  |  |  |  |
| **Practicing a form of managing stress (such as yoga, or meditation)** |  |  |  |  |  |
| **Supporting community events** |  |  |  |  |  |
| **Being physically active (such as taking a brisk walk for at least 30 minutes most days** |  |  |  |  |  |

**2. Please indicate your level of agreement related to each statement listed below:**

|  | Strongly agree | Agree | Neither agree or disagree |  Disagree | Strongly disagree |
| --- | --- | --- | --- | --- | --- |
| **Employees are made aware of available wellness programs and resources** |  |  |  |  |  |
| **Employees are rewarded and recognized for efforts related to living a healthy lifestyle** |  |  |  |  |  |
| **New employees are made aware of the company's support for maintaining healthy lifestyles** |  |  |  |  |  |
| **Managers support a healthy lifestyle** |  |  |  |  |  |
| **As a whole, supporting employee wellness is a top priority of our organization** |  |  |  |  |  |
| **Leadership supports employees' efforts to adopt healthier lifestyle practices** |  |  |  |  |  |
| **Our bank has a sense of community (i.e. people get to know and support one another, feel as if they belong, and care for each another in times of need)** |  |  |  |  |  |

**3. Please rate the various lifestyle changes listed below that employees would be most willing to improve and learn more about based on feedback they may have shared and your observations:**

|  | Least likely | Very likely |
| --- | --- | --- |
| **Lose weight** |  |  |
| **Eat healthier** |  |  |
| **Increase physical activity** |  |  |
| **Manage stress and anxiety** |  |  |
| **Improve social relationships** |  |  |
| **Eliminate tobacco use or vaping** |  |  |
| **Improve mental health (address alcohol, other substance issues, depression)** |  |  |
| **Annual health screenings** |  |  |
| **Manage  chronic diseases** |  |  |

**4. What three wellness program formats do you think would best meet your needs? (Select 3)**

Onsite seminars

Health screenings

Support groups

Online employee activity challenge (compete against all VBA bank locations)

Organized fitness activities (such as walks or walking meetings, yoga, fitness classes)

Online classes (webinars)

Onsite coach/professional to answer your health questions

Designated well-being space - private area to utilize our telemedicine program, to take a few minutes away to decompress, meet with a health coach, take blood pressure, access to benefit plan materials

**5. Which of the following health topics would you be most interested in? (Select 6 )**

Tobacco and vaping cessation

Healthy aging

Back care

Financial health

Understanding and managing depression

Losing weight

Cholesterol control

Understanding and managing diabetes

Fitness

First aid/CPR

Understanding and managing blood pressure

Women's health

Men's health

Healthy cooking

Stress management

Healthy parenting

Retirement planning

Elder care

Self care (how and when to seek medical care)

**6. What time(s) of day would be best for you to attend a corporate sponsored wellness activity?**

Before work

Lunchtime

After work

Weekends

**7. What are some issues that may limit your participation in wellness activities at work? (Check all that apply)**

Lack of facilities and equipment

Caregiving (if outside of work hours: child, elder, pet care)

Cost (program fees if applicable)

Distance from home

Transportation

Not comfortable with work atmosphere

Not allowed/little support from management

Lack of online options for program access and or delivery

**8. Would you be willing to promote wellbeing activities for your location or team (i.e., serve on a wellness committee or be a wellness champion at your location)?**

Yes

No

**9. If you answered yes to being willing to serve as a wellbeing contact for your location, please provide your name and email.**