

## Workplace Health and Well-being

# Workplace Health and Well-being - Sample Workplace Health and Well-being Survey

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## What is an example of a workplace health and well-being survey?

Workplaces often use a survey to determine interest in the various aspects of a workplace health and well-being program. The following is a sample. You can customize this survey according to the needs of your workplace. See the OSH Answers on [Workplace Health and Well-being Program - Getting Started](#) for more information.

### Sample Workplace Health and Well-being Survey

[ABC Company] is looking into the need for a workplace health and well-being program. We are interested in learning more about your opinions and interests. Your answers will be used to help plan the program and to decide which types of initiatives to offer.

- Senior management has agreed to let everyone take a few minutes to complete this survey.
- Please do not put your name on the survey because we would like to keep this survey confidential.
- Please complete and submit the survey by [date/month/year]

#### 1. Gender:

- Male     Female  
 Non-Binary     Prefer not to say

#### 2. Age Group:

- under 21     21 - 30     31 - 40  
 41 - 50     51 - 60     over 60

3. Do you have any health concerns about yourself, your family, or something arising from the workplace? If so, briefly describe your concerns.

4. Would you like [ABC Company] to help with these concerns?

Yes     No     Not sure

Please explain your answer


5. Indicate how you feel about the following statements:

	<b>Agree Strongly</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Disagree Strongly</b>
On the whole, I like my job.					
I feel that I am well rewarded for the effort I put in at work.					
I am happy with my work-life balance.					
The level of control I have over my work matches the level of responsibility I am assigned.					

6. Would you participate in the following activities if offered?

	Yes	No	Maybe
Aerobic exercise sessions			
Walking club			
Recreational team (e.g., baseball)			
Other exercise programs. Please specify: _____			
Tips for healthy backs			
Tips for healthy eating (general tips, etc.)			
Tips for weight management			
Flu shot or other vaccines clinic			
Blood pressure screening			
Blood glucose screening			
Tips for stress management			
Substance use and abuse education			
Smoking cessation program			
Parenting tips			
Interpersonal skills workshop (such as "Dealing with Difficult People", Conflict Resolution, etc.)			
Retirement planning workshop			
Lunch & learn sessions			
Time management skills workshop			
Personal finance workshop			
Tips for work/life balance			
Other: (please specify)			


7. When are you most able to participate in activities?

Day of the Week	Season	Time Period
<input type="checkbox"/> Monday	<input type="checkbox"/> Spring	<input type="checkbox"/> Before work
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Summer	<input type="checkbox"/> Lunch time
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Fall	<input type="checkbox"/> After work
<input type="checkbox"/> Thursday	<input type="checkbox"/> Winter	<input type="checkbox"/> Evenings
<input type="checkbox"/> Friday		
<input type="checkbox"/> Weekends (for family events)		

Are there other factors that affect participation? Please indicate


8. Where would you prefer to attend activities?

- In the workplace
- At a private health club
- At a local School or facility/hall
- Other, please specify: \_\_\_\_\_

9. If necessary, would you be willing to share in the cost of a program?

- Yes     No
- Up to a certain amount (please specify \_\_\_\_\_  
\_\_\_\_\_)

10. Do you have any additional comments or concerns?


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Fact sheet confirmed current: 2017-05-03

Fact sheet last revised: 2022-09-29

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