

1. Please select your school or site from the drop down menu below.

2. Please select your department or area of work.

- ☐ Teacher
- ☐ Para-Educator
- ☐ School Counselor
- ☐ School Office (any type)
- ☐ School Administrator
- ☐ CRC Administrator
- ☐ CRC Staff (all other positions)
- ☐ Custodial Services
- ☐ Maintenance Services
- ☐ Grounds Services
- ☐ Food Services
- ☐ Health Room (nurses and aides)
- ☐ Security
- ☐ Transportation
- ☐ Athletics

3. The mission of the EPS Wellness Program is... ***"to create a culture of wellness by promoting opportunities that enhance the overall health and quality of life for all district staff".***

From your experience and the experience you have witnessed with your colleagues in our District, to what degree do you feel our employee wellness program is meeting this vision.

- ☐ Not at all
- ☐ Somewhat
- ☐ Fully meeting vision

4. What does being "well" look and feel like to YOU personally?

5. How many district Wellness Program activities (including the Wellness Challenge) did you participate in this year?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ More than 4
- ☐ None

6. If you answered NONE to the question above, please help us understand why by selecting ALL that apply below.

- ☐ I already have a healthy lifestyle and do not feel the need to participate.
- ☐ I do not like tracking or logging my activities or healthy behaviors
- ☐ I feel I don't have time to include exercise or healthy eating in to my lifestyle
- ☐ I feel the challenges are too difficult for me
- ☐ I don't feel my employer should be influencing my health
- ☐ I am concerned about confidentiality
- ☐ Other (please specify)

7. The goal of the EPS Wellness Program is to "create a culture" of Wellness, since the inception of the Wellness Program do you agree or disagree with the following statement. Please read the statements below and then rate all that apply.

	Do not agree	Agree somewhat	Strongly agree
I notice that my colleagues and I are more conscientious about our health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wellness Program activities have helped to create a greater sense of camaraderie at my workplace.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is more conversation at work about health and wellness topics.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We offer healthier food options at staff meetings and gatherings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having a district wellness program in place makes me feel that my health is an important priority of district leadership.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seeing district leadership involved in wellness activities inspires and motivates me to participate too.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use the box below to add your comments about what a "culture of wellness" in our district would look and feel like to you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

8. Which of the following goals are important to **YOU personally** in persuing a healthier lifestyle?

Please choose ALL that apply.

- ☐ Weight Loss
- ☐ Managing Stress
- ☐ Increasing or Maintaining Physical Activity
- ☐ Healthy Eating (nutrition)
- ☐ Gaining skills and knowledge to have more work/life balance
- ☐ Quitting Smoking
- ☐ Reducing risk factors like high blood pressure, high cholesterol or diabetes

9. Please rank how important the following wellness activities are to you.

	Not Important	Somewhat	Very Important
EPS Fitness Classes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seasonal Campaigns like WALKTOBER	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weight Watchers at Work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Free and Clear Smoking Cessation Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress Management Classes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Free Flu Vaccine Clinics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Fairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wellness Wednesday Newsletter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Has your health improved as a result of having the EPS Wellness Program in place? If so, how?  
Please list ALL that apply below.

- ☐ Weight loss 5-25 lbs
- ☐ Weight loss 25-50 lbs
- ☐ Weight loss of more than 50 lbs
- ☐ Lower blood pressure
- ☐ Lower cholesterol
- ☐ Healthier eating habits
- ☐ More physically active
- ☐ Less stress
- ☐ Improved sleep
- ☐ Need less medicine for chronic disease/condition
- ☐ Received a FREE flu shot and did not get the flu this year
- ☐ Fewer sick days this year
- ☐ Improved Fasting Blood Sugar (for diabetics)
- ☐ Other, please specify

11. What is the best way for you to learn about Wellness Program opportunities? Please rank and drag your choices in order of their importance.

<input type="text"/>	All District Email from Wellness
<input type="text"/>	Newslinks
<input type="text"/>	HR Payroll Newsletter
<input type="text"/>	Wellness page of the District website
<input type="text"/>	Wellness Team at my school or site
<input type="text"/>	Weekly School Newsletter

12. Do you have any comments, feedback, questions, concerns, or suggestions about the EPS Wellness Program you would like to share?

13. Are there additional services or programs you would like to see as part of the EPS Wellness Program in the future?

14. Optional: Offer a testimonial as to how you have benefited by having the EPS Wellness Program in place.

15. Do you know that the employee Wellness Program is funded through the Everett School Employee Benefit Trust and NOT the Everett School District? That the funds used for the wellness program do not take away from resources for schools, classrooms or teachers.

- ☐ Yes, I understand that distinction
- ☐ No, I was not aware of that