

Wellness Survey

Thank you for taking a few minutes to complete this survey! Your results are anonymous! All results will be used to determine how we can best support you in your wellness goals!

1. In general, how would you rate your overall health?

- ☐ Excellent ☐ Fair
- ☐ Very good ☐ Poor
- ☐ Good

2. Are you interested in improving your overall wellness?

- ☐ Yes
- ☐ No

3. Have you ever been diagnosed with high blood pressure, high cholesterol, prediabetes or diabetes?

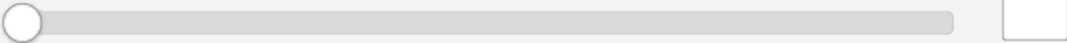
- ☐ Yes
- ☐ No

4. How many days per week do you currently engage in purposeful physical activity?

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

5. On a scale of 1-5, how would you rank your average daily stress level? (1-minimal stress, 5-extremely stressed)

0 5



6. Would you consider your diet to be well-balanced?

- ☐ Yes
- ☐ No

7. What would be most helpful for you to reach your wellness goals?

- ☐ Individualized coaching with a dietitian
- ☐ Group coaching with a dietitian
- ☐ Monthly wellness webinars
- ☐ Challenges hosted by dietitian (ex: walking challenge)

8. What is your current wellness goal?

9. What barriers make it difficult to reach your goals?

- | | |
|--|---|
| <input type="checkbox"/> Mindset | <input type="checkbox"/> Lack of time |
| <input type="checkbox"/> Lack of support | <input type="checkbox"/> Illness/injury |
| <input type="checkbox"/> Lack of education/knowledge | |
| <input type="checkbox"/> Other (please specify) | |

10. Please add any comments/input you have about the employee wellness program at Butte School District!