

# Access to Physical Activity Process

## Employee Interest Assessment

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We appreciate your time!

This questionnaire is designed to determine your interests and how to best meet your needs regarding an employee physical activity/wellness program. It will take approximately 5-10 minutes to complete. **Responses are confidential; they will only be used to assess interest in programs and services.** Thank you.

Return the completed questionnaire to:

### DEMOGRAPHICS

1. **What is your age group?**

- Under 25
- 25 - 35
- 36 - 45
- 46 - 55
- 56 and over

2. **What is your gender?**

- Male
- Female

3. **\* Are you a shiftworker?**

- Yes
- No

## PARTICIPATION

4. \* *Do you presently exercise regularly (minimum 1-2x per week for the last 2-3 months)*  Yes  No
- If “yes”, where?  Home  
 Commercial Gym (please specify): \_\_\_\_\_  
 Other (please specify) \_\_\_\_\_
6. \* *Are you satisfied with your current level of physical activity?*  Yes  No
- \* If “yes”, how many days per week do you exercise or are physically active?  
 1  2  3  4  5+
- \* If “no”, would you like to begin an exercise program or increase your activity level?  Yes  No
7. \* *What is the main reason you are active/might initiate physical activity? (Please check all that apply)*
- To improve my health/physical fitness
  - To feel better about myself
  - I enjoy exercising
  - It improves my concentration
  - To lose or manage my weight
  - I think that I should
  - To look better
  - My doctor advised it
  - To reduce stress
  - Nothing would make me exercise
8. \* *If you currently take part in physical activity, which of the following best describes your routine/activities? (Mark all that apply)*
- Group exercise/aerobic classes
  - Running/jogging
  - Walking
  - Swimming
  - Cycling
  - Strength training
  - Stair climbing
  - Cricket
  - Dance
  - Recreational sports: i.e. softball, volleyball, basketball, squash, tennis, golf, badminton, table tennis, others? Specify \_\_\_\_\_
  - Other: \_\_\_\_\_
  - Other: \_\_\_\_\_

9. \* Which of the following barrier(s) prevent you from exercising on a regular basis? Please check all that apply.

- I do not have time
- I travel a lot
- Exercise is painful
- Exercise is boring
- I get enough exercise in my day-to-day activity
- Exercise is not important for me
- I do not know how to get started
- Exercise is 'just for jocks'
- I do not have anyone to exercise with.
- Lack of interest or motivation on my part
- Nothing would keep me from exercising regularly
- I have a physical limitation or injury
- I do not think I can stick with it
- Time pressures at work
- I am too tired
- Difficulty/uncomfortable changing clothes/showering in the workplace
- I prefer to keep work and personal life separate
- Inconvenient commuting schedule/car-pooling arrangement
- Inconvenient to where I work
- I am not comfortable exercising with my peers
- I do not like to exercise in a fitness/wellness center
- Other: \_\_\_\_\_

10. Do you/would you prefer to exercise:

- On my own
- With a buddy
- In a group

11. \* If the site provided option(s) for access to physical activity what would you prefer and participate in?

- On-site fitness center
- Reimbursement or subsidy to participate at local facility:
  - Fitness Only  Recreation Activities Only  Both Fitness & Recreation
- On-site outdoor walking or jogging path
- On-site group exercise classes
- On-site recreation facilities i.e. outdoor basketball court, tennis court, cricket pitch, etc.

Please explain: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

## HEALTH & WELLNESS SERVICES

12. \* In general, would you say your health is:

- Excellent
- Very Good
- Good
- Fair
- Poor

13. \* *Are you satisfied with your current health status?*  Yes  No

14. *Would you be interested in participating in health education seminars or workshops?*  Yes  No

If “yes”, please indicate your interest: *(please check all applicable and indicate your level of interest):*

	<u>Lowest</u>		<u>Highest</u>		
<input type="radio"/> Weight management	1	2	3	4	5
<input type="radio"/> Nutrition	1	2	3	4	5
<input type="radio"/> Low back pain prevention	1	2	3	4	5
<input type="radio"/> Elder care	1	2	3	4	5
<input type="radio"/> Tobacco cessation	1	2	3	4	5
<input type="radio"/> Medical self care	1	2	3	4	5
<input type="radio"/> Substance abuse	1	2	3	4	5
<input type="radio"/> Home emergency preparedness	1	2	3	4	5
<input type="radio"/> Men’s health	1	2	3	4	5
<input type="radio"/> Women’s health	1	2	3	4	5
<input type="radio"/> Cancer prevention	1	2	3	4	5
<input type="radio"/> Ergonomics	1	2	3	4	5
<input type="radio"/> Personal safety	1	2	3	4	5
<input type="radio"/> Stress management	1	2	3	4	5
<input type="radio"/> Osteoporosis prevention	1	2	3	4	5
<input type="radio"/> CPR	1	2	3	4	5
<input type="radio"/> First aid	1	2	3	4	5
<input type="radio"/> Massage techniques	1	2	3	4	5
<input type="radio"/> Blood pressure control	1	2	3	4	5
<input type="radio"/> Work /Family balance	1	2	3	4	5
<input type="radio"/> Anger management	1	2	3	4	5
<input type="radio"/> Coping with loss	1	2	3	4	5
<input type="radio"/> Sports specific conditioning	1	2	3	4	5
<input type="radio"/> Financial consultation	1	2	3	4	5
<input type="radio"/> Other: _____	1	2	3	4	5
<input type="radio"/> Other: _____	1	2	3	4	5

15. \* *What times or days of the week would be most convenient to attend classes or seminars?*

- Before work hours
- During lunch hour during the work week
- After work hours
- Weekends
- Other: \_\_\_\_\_

16. \* *Which are the best methods of communicating health-related information to you?  
(Pick your top three preferences)*

- Electronic mail
- Personal contact
- Intranet
- Paper communication
- Dept. bulletin boards
- Cafeteria displays
- Other: \_\_\_\_\_

Additional comments / suggestions / questions:

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**Thank You!**