

Staff Wellness Survey

This survey is being administered at 49 schools during pre-planning.
Your participation and honest responses are appreciated.

SURVEY MARKING INSTRUCTIONS

Use a No. 2 Pencil
Fill bubbles completely
Erase cleanly

FEED IN THIS DIRECTION

1 (A) (B) (C) (D) (E)

2 (A) (B) (C) (D) (E)

3 (A) (B) (C) (D) (E)

4 (A) (B) (C) (D) (E)

5 (A) (B) (C) (D) (E)

6 (A) (B) (C) (D) (E)

7 (A) (B) (C) (D) (E)

8 (A) (B) (C) (D) (E)

9 (A) (B) (C) (D) (E)

10 (A) (B) (C) (D) (E)

11 (A) (B) (C) (D) (E)

12 (A) (B) (C) (D) (E)

13 (A) (B) (C) (D) (E)

14 (A) (B) (C) (D) (E)

15 (A) (B) (C) (D) (E)

16 (A) (B) (C) (D) (E)

17 (A) (B) (C) (D) (E)

18 (A) (B) (C) (D) (E)

19 (A) (B) (C) (D) (E)

20 (A) (B) (C) (D) (E)

- During the past 7 days, how many times did you eat fruits and/or vegetables?
 - I did not eat fruits and vegetables
 - I eat fruits and vegetables, but not daily
 - 1 – 2 times per day
 - 3 – 4 times per day
 - 5 or more times per day
- When making food choices how frequently do you choose the low fat option?
 - Rarely
 - Sometimes
 - Most of the time
- When making food choices how likely are you to choose the whole grain option?
 - Rarely
 - Sometimes
 - Most of the time
- Do you smoke cigarettes?
 - Yes
 - No
- How do you describe your weight?
 - About the right weight
 - Overweight
 - Under weight
- Which of the following are you trying to do about your weight?
 - Not trying to do anything about my weight
 - Stay the same weight
 - Lose weight
 - Gain Weight
- On how many of the past 7 days did you participate in physical activity for at least 30 minutes?
 - 0 days
 - 1 day
 - 2 days
 - 3 days
 - 4 or more days
- How do you normally handle stress?
 - I do not have stress
 - I find comfort in eating
 - I take a prescribed medication
 - I release it through exercise, prayer, etc
 - I would like help handling my stress
- Are you interested in joining a walking group?
 - Yes
 - No
- If there were FREE health programs offered at your school would you be interested in attending any of the following? Check as many as you like or leave blank if you are not interested in participating.
 - Nutrition classes
 - Physical activity sessions (such as: dance, aerobics, Yoga, or Tai Chi)
 - Weight loss group
 - Smoking cessation classes



Thank you for your participation.

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9



SURVEY NUMBER